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THE NEW ENGLAND
MEDICAL GAZETTE.

VOLUME XV.

THE

NEW ENGLAND

MEDICAL GAZETTE.

A Monthly Journal

OF

HOMŒOPATHIC MEDICINE.

"Die milde Macht ist gross."

EDITOR - - - - HERBERT C. CLAPP, M. D.

VOLUME XV.

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THE

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EDITORIAL.

THERAPEUTIC NIHILISM.

IN an editorial last April we attempted to call attention to the lack in our school of a sufficent knowledge of pathology and diagnosis, and assigned as an excuse for this lack the necessity which homœopathists had felt of giving the best of their energies to materia medica and therapeutics, which branches the old school had allowed to fall into a deplorable state. The happy mean was considered to be the position which we should strive to occupy. We briefly alluded to the fact that the old school had missed this happy mean in the other direction by making a god of pathology and abstract science, saving little or no strength for the practical healing art. This latter idea we had intended at a future time to develop at some length, but have recently been so favored by fortune that this is entirely unnecessary; for a confession to the same effect can be obtained from them, which, on this very account, is far more convincing as to the strength of our position than any argument which we could bring forward to support it. We make the followiug extract from a recent address * of Prof. Roberts Barthalow, of Philadelphia, who is one of their very foremost men: —

"The end to which all our studies are directed as practical physicians is the application of remedial agents to the cure of diseases. An unprejudiced thinker, to whom the subject was mentioned, would assert with confidence that gentlemen engaged in a pursuit requiring the use of certain agents to accomplish the desired results, would be most solicitous to inform themselves fully in respect to those agents. He would regard it as incredible

* Delivered at the opening of the fifty-fifth course of lectures of the Jefferson Medical College. Printed in the *Medical Record*, Oct. 11, 1879.

that a considerable part of our profession is either indifferent or satisfied with vague notions, and that a still larger part falls into routine methods with a few agents which have to do duty for all possible conditions. This widespread inappreciation, indifference, or ignorance of the actions and uses of drugs is due partly to fashion, partly to the unpromising nature of the subject. Within a few years past a therapeutical nihilism has been the position occupied by many of the most influential leaders in modern medical thought. This movement is a result, in part, of the overshadowing importance of physiological and pathological studies. The founding of great laboratories and the brilliancy of discovery in these departments have attracted universal attention to those studies which have become the fashion. We see on every side the efforts put forth to give this direction to medical study and teaching. The desire of the time seems to be to make students histologists, pathologists, microscopists, rather than sound practitioners, full of the humble but necessary knowledge of the practical departments of our arts and science. I hold this to be a perversion of the duty of a medical school. Its first and highest duty is to instruct students, not to pursue minute researches, but to become thoroughly accomplished physicians and surgeons. No fact is more evident than that the highest order of physicians and surgeons are not men remarkable for their knowledge of microscopy, of experimental physiology, and the other branches of theoretical medical science, and, conversely, that the microscopists and pure physiologists are not remarkable as physicians, and, indeed, cannot be. The attempt to pervert the proper purpose of medical schools and to give a merely science aspect to medical teaching is a fashion of the time, which, if it gain more adherents, is likely to do serious mischief to the cause of medical education; for young men, allured by the glitter of scientific work, will neglect the important and really more difficult attainments of true professional studies.

"It is a mere pseudo-science, which is misleading so many that it has become commonplace to know something about drugs and to prescribe them; the new school of pathologists and physiologists looks upon the whole business of medicine-giving as unscientific, and therefore unworthy the attention of the higher order of medical thinkers. It is a very fascinating doctrine, that to be ignorant of drugs is to be regarded as superior to the commonplace, as being in the higher walks of medical life; and hence many make haste to adopt it, relying for the hereafter on mint-water in the treatment of rheumatism, and similar nihilistic absurdities. The rage in our time is to make an accurate diagnosis of disease, and it is an enthusiasm to be encouraged; but there ought to be a corresponding desire to make an accurate

therapeutical diagnosis, that is, to ascertain the remedy adapted to the form and character of the disease and the condition of the patient."

A DECIDED CHANGE OF BASE.

SURELY "a little leaven leaveneth the whole lump," even if it does sometimes take a good while. That the homœopathic leaven is now working more vigorously than ever in the old-school ranks must be clearly evident to any unprejudiced observer with half an eye. To say nothing of the extraordinary changes which it produced in the first half of the present century, — the abandoning of blood-letting and other fearfully heroic treatment, the substitution for polypharmacy of more simple prescriptions, etc.,—we now have before us the pleasant spectacle of the allopathic school taking great strides in the direction of the *fundamental principles* of homœopathy itself. As everybody knows, *the* great distinguishing characteristic of Hahnemann's teform consisted in ascertaining the effects of drugs *on the healthy system* as a guide to their use in disease. All outside of Hahnemann was vague empiricism, and he was mocked and reviled for his attempts to bring order out of chaos. Now, however, for the last few years, the successors of his mockers and revilers have been trying to do almost the same thing that he did. Are they willing to own it? Oh, no; they have not the moral courage. They do not make *provings* of drugs, they only observe their *physiological action.* When they make the same prescription which we would make, are they willing to explain it by the theory of similia? Oh, no; their explanation is some high-sounding periphrasis, some jargon that smacks of "science."

Although this is not homœopathy, and is yet a long way off, it is certainly a step in the right direction, which nobody can deny. To prove out of their own mouths the extent of the change taking place, it is only necessary to quote again from the address of Prof. Barthalow, referred to in the preceding article. This professor, by the way, is one of the advanced thinkers of the old school, and very popular, and every now and then he announces to his brethren something which sounds so startlingly like homœopathy that he feels obliged to cry out repeatedly, in order to preserve his orthodox standing, "Gentlemen, although this

may seem like that humbug, homœopathy, yet it is n't, it is n't." But here is the quotation: —

"But the most vehement reactionists are yielding to the force of therapeutical discovery accomplished by physiological methods.

"Thus, one of the most eminent therapeutical authorities of our day has declared in a preface written so recently as October, 1874: 'In the first edition of this work the author contended against the mischievous error of seeking to deduce the therapeutical uses of medicines from their physiological action. Continued study, observation, and reflection have tended to strengthen his convictions upon this subject, and to confirm him in the faith that clinical experience is the only true and safe test of the virtues of medicines.' The same author, in another work on the same subject, after another five years of study, observation, and reflection, says, in a preface dated 1879: 'Whenever it seemed possible, an attempt to apply the results of physiological experiment to therapeutical uses has been made; for although the two fields of inquiry may not be so organically connected as to render the former a guide to the latter, it is, nevertheless, true that a scientific explanation of the curative powers of medicines must be sought in the results of their experimental operation upon the animal functions.'

"No revolution of opinion could be more complete, no renunciation of heresy more absolute. In 1874 empiricism is the true guide; in 1879 physiological experiment. This, though somewhat sudden, is significant of a change which is taking place in the last strongholds of empiricism. Such a quotation must satisfy the doubts of all — and they are legion — who respect authority and are governed by its utterances.

"I hope I shall not be misunderstood. Far be it from me to abate one iota of the just fame of the author whose works I have quoted, or to impute inconsistency in his opinions, or to cast doubts on the accuracy of his judgments. I quote his words to demonstrate the revolution which has taken place by the application of the modern, scientific methods, with results so convincing that the deepest convictions from wide learning and extended experience are made to yield. Honor and praise rather to the honesty of him who can surrender his own cherished convictions rather than do violence to truth."

"Does he know anything?" anxiously inquired a friend, bending over the body of a man who had just fallen from the roof of a house. "Don't know, I'm sure," the physician replied, "he never did know anything, but you can't tell what effect the fall may have had upon him until he regains consciousness." — *Burlington Hawkeye.*

*A BALLAD OF THE SIXTEENTH CENTURY.**

A Warninge to ye Student Men.

Up towne there dwelt a student man, tall, straighte and lithe of limbe,
And a prettie serving maide she dwelt right opposite to him.
One evening faire ye student man was studying aye so harde,
He saw ye prettie serving maide a-walking in ye yarde.

Ye student man, he coughed and spat, and coughed and spat againe,
Till one would thinke his chest was sore with dreadfule, horrid paine.
Yet still ye prettie serving maide walk'd up a-down ye yarde,
And as she wente she heard ye man a-coughing aye so harde.

At lengthe she raised her shining eyes (brighte orbs and mightie cleare)
And shot them at ye student man till he felte wondrous queere.
It was ye houre of eveninge gray, and dusk fell on ye towne,
One railroade car had erst gone up, ye other had gone downe.†

Ye prettie serving maide one eve when mirthful to the brim
Up raised her taper finger-tip and beckoned unto him.
Ye student man was tall and straighte, and beautiful was he,
"Awhat it is she wants of me, straightway I mean to see."

He crossed ye railroade in ye street, and entered in ye yarde,
Ye prettie serving maide, she said, "Why cough you aye so harde?"
Ye student man straighte took her hande, he looked straighte in her eye—
"Because I love you aye so much, fain would I for ye die."

With that ye student man he hugged her bodie all around,
And kissed her redde and pouting lips with heartie smacking sounde.
"My prettie serving maide," said he, "now I will make thee mine,
And you shall feed on strawberries and milke and cake and wine."

"Now student man," ye maiden said, "wilt make me great and rich?
Fain must I tell,—for seven long years I've gotten bad ye itch."
Up rose ye gallant student man. "Now where? Oh, tell me true!"
She held her fingers to ye light, and scratched them black and blue.

Ye student man was all a-wroth, a mightie oath swore he;
And all ye while ye serving maide did laugh with merrie glee.
"O naughty serving maide!" he said, "Oh never worse was founde."
She placed her thumbe upon her nose, and twirled her fingers rounde.

Full four weeks' time have passed, and yet ye student man he laye,
With sulphur ointment on his limbs, a-scratching night and day.
And all night long ye student man sent up one plaintive cry —
This was ye burthen of ye song, "Oh, give me Sulphur high!"

Ye doctor came and rubbed him up, ye nurse he rubbed him downe,
Ye serving maide she came and twirled her fingers rounde and rounde.
And when ye student man arose, all worn to bone and skin,
Ye student men they laugh to think how Sallie took him in.

But ever and anon at night, when sleeping on ye bed,
Ye nightmare of ye serving maide comes flitting through his head.
And then ye student man begins a-scratching, aye so hard,
And thinks he views ye serving maide a walking in ye yarde.
So student men take heed of this, ye lesson of ye songe,
And if she walketh in ye yarde, why — LET HER WALK ALONGE.

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* From Helmuth's "Scratches of a Surgeon." Chicago: W. A. Chatterton & Co.
† Street railroads in the sixteenth century is an anachronism readily excused by poetic license.

THE RATIONALE OF "SIMILIA SIMILIBUS CURANTUR."

BY W. B. DUNNING, M. D., HARTFORD, CONN.

[*Read before the Homœopathic Medical Society of the State of Connecticut.*]

THERE was never put forth any doctrine in medicine which awakened such vehement opposition as Hahnemann's "Similia similibus curantur." Such opposition still exists. Indeed, in the minds of many, even educated and fair-minded men, the idea seems the baldest absurdity, and the adherents to the homœopathic law are, in their view, lacking either in integrity or in intelligence.

Now if our law be a true one, if it be a law at all, indeed, why does this opposition exist? Why do men of education and honesty refuse to accept it? There are several causes, all of greater or less power, but to my mind one seems of special importance. It is this, — that scarcely any attempt is made in our journals and books to explain this law; to show why, so far from being absurd and contradictory of reason, it is, on the contrary, in harmony with reason and common-sense. We find our journals filled with articles which might with reason be replaced by other material. Marvellous cures of malarial fever with the ten-thousandth potency of *lycopodium* or *natrum muriaticum*, or denunciations of the bigotry of old-school physicians, however entertaining, are perhaps less instructive than other subjects. Surely our journals ought to attempt to explain and illustrate our law of cure. Let us do them justice: they do *illustrate* it amply, but *explain* it they do not. The suggestions which follow have had much weight, to my mind, in showing how and why the treatment of disease should be regulated by the formula "Similia similibus curentur" (Let likes be treated by likes), though I by no means presume to offer them as a thorough exposition thereof.

Now in the practice of the medical art, in so far as concerns the administration of medicines, there are two things that we particularly need to know. First, how do remedies act? Second, how do diseases act?

1. How do remedies act? Not always in the same way, surely. The action indeed varies according to the dose in which a given remedy, as for example, arsenic is administered. Given in large doses, arsenic produces certain well-known symptoms; given in small doses, it is followed by certain other quite different conditions. In a large dose arsenic may cause cancrum oris; in small doses it will cure this disease. In a large dose it may cause acute gastritis; in small doses it will cure this disease. In long-continued, rather large doses, it may cause chronic gastritis, and even ulcer of the stomach. For each of these diseases there is commonly no better remedy than arsenic. Arsenic may cause diarrhœa, acute and

chronic; and arsenic, too, will cure both. It causes and cures coryza, influenza, and there is not wanting evidence that it may act similarly in that most destructive of diseases, pulmonary phthisis. Thus Stillé states that its excessive use has been known to produce "pain in the breast, cough, extreme wasting of flesh, and hectic fever," all important rational symptoms of that disease, while Loude, Isnard, Bouchut, Trosseau, Durant, and others have reported not inconsiderable successes from the treatment of this disease with arsenic. Chorea, neuralgia, and other nervous diseases have been both caused and cured by arsenic. Thus arsenic, which is the greatest of poisons, is also the greatest of remedies, — a seeming paradox, which closely studied is found to point strongly to the truth of homœopathy.

Now why is it that the same drug, administered in different quantities, can produce such diverse effects? Why can a drug largely given *cause* ulcer of the stomach, and given in small quantities *cure* ulcer of the stomach? The following considerations go far, in my judgment, to explain this seeming contradiction.

The disease-producing power of the remedy, when introduced into the living body, tends to produce its own specific effects just as naturally, as directly, as inevitably as a seed, when placed in the ground, tends to grow into the plant. Arsenic, for example, tends to produce, among other conditions, a gastric ulcer. (Of course the symptoms and lesions caused by a drug like arsenic are very extensive, and its action is complex; accordingly, only for purposes of study or argument is it permissible to isolate the action of the drug in this manner, and conceive it as acting solely in a single organ. It is generally believed and admitted, however, that arsenic does have a specific action on the stomach, and clinical study and post-mortem examination show that arsenic does tend to produce gastric ulcer.) It, however, immediately meets the resistance of the vital forces and a struggle ensues, the drug fighting its way, the organism resisting the attack. Which conquers? It depends on the strength of the respective combatants, the drug on the one hand, the vital powers of the patient on the other. If the drug be in great force, to it belongs the victory, and the ulcer follows. If it be in slight force, and if the patient be in healthy vigor, to the latter belongs the victory, and instead of the ulcer occurring, there rather occurs a *functional reaction* against the ulcer-producing tendency. This reaction being directly opposed to the morbific agent, places the stomach, or that portion of it attacked, in a condition absolutely opposite to that of the ulcerous condition. So nitric acid, applied to healthy skin, causes an ulcer of the skin; applied in smaller quantity to an existing ulcer, it tends to cure it. Why? As with arsenic, the struggle occurs between the drug and the vital organism. In

the one case the drug wins the victory because in greater force; in the other case the organism wins because its superior powers enable a reaction to occur, which fights off the effects of the drug. In both cases the drug aims for its own direct, legitimate effects. And in the one case we find its own direct, legitimate effects; but in the other we find, not the proper effects of the drug at all, but rather the reaction of nature against the drug. In other words, the drug has always a uniform aim and tendency, whether taken in large quantity or in small quantity, and succeeds when it has the power, but fails when the object of its attack is too strong for it.

Let us conceive a quantity of the drug, represented by x, entering the system. It meets the power of reaction, which we may represent by y. The amount of x is so small that we perceive really no specific effect of x whatever, but only the effects of y. Suppose, however, the quantity be $2x$, we now begin to see some slight evidences of the specific effects of the drug, but these are not very intense and last but a short time, while y shows itself even more markedly. Suppose, again, the quantity be $3x$. The specific effects of the drug are now very great, while y shows itself weak. The battle continues, now one, now the other seeming to prevail, the final issue being doubtful. Lastly, suppose the quantity be $4x$; we now find no indications of y, it is utterly overwhelmed. Only the drug's effects are manifest, and these in tremendous power. But "the same quantity of medicine produces different effects in different persons." Certainly, but not because the power of the drug varies, supposing it equally pure in all cases, but because the power of reaction varies in different persons. That power, which we represent by y in one case, would be represented by $2y$ in another, and by $\frac{1}{2}y$ in a third, and $4x$, which would overwhelm y, might itself be destroyed by $2y$.

And this explains, too, the so-called "primary" and "secondary" actions of remedies, at least where those remedies are poisons. The "primary" action of the remedy is not its own proper action at all, but rather the reaction of nature against the remedy, while the "secondary" action is the proper action of the drug.

In the study of any of our more powerful remedies, we can apply this same principle, and I think it will generally not fail us. Its applicability to the class of medicines known as "cathartics" may perhaps be less obvious than to other remedies, but even this is open to discussion, while much may be said on either side. But take, for example, Mercurius corrosivus in dysentery, Tartar emetic in bronchitis, Digitalis in cardiac diseases, Ipecacuanha in functional gastric disorders, Belladonna in cerebral diseases, Nux vomica in tetanus, or many others which I will not name.

(To be continued.)

LOCAL APPLICATIONS.

BY HENRY C. ANGELL, M. D., BOSTON.

IN these days, when the physicians of all schools make constant use of local means of one kind and another in nearly every form of disease, it is possibly a superfluous labor to call renewed attention to the importance of local treatment.

But there is still in existence, unhappily, a limited number of doctors, probably mostly of the so-called pure Hahnemannian variety, who profess to not only disbelieve in the worth of local applications, but to regard them in most cases as positively harmful. Hahnemann did not approve of local treatment, calling it unhomœopathic, and therefore generally useless or even injurious. Such treatment is doubtless often unhomœopathic, but as it is often curative and sometimes indispensable, most of us do not nowadays object to it on that ground. Nevertheless there are those, both lay and professional, who do, and I have sometimes been consulted by patients that, under the influence of their excellent homœopathic medical adviser, have objected to anything more medicinal locally than warm or cold water, or milk and water; others, less orthodox, are willing to use arnica and perhaps hamamelis, and in some instances I have been able to do a service to a stanch homœopathic eye by smuggling into it a collyrium of atropine under the familiar name of belladonna! May not the Hahnemannian fear of local applications be at the bottom of the difficulty which some of our physicians find in recommending spectacles to their presbyopic patients? Spectacles certainly come under the head of local applications. There are still in existence, also, those who in cases of purulent inflammation of the middle ear solemnly advise that the discharge should not be meddled with; that it will cure itself; that the child will outgrow it; or they believe, or affect to believe, that the disease can be controlled by the proper internal remedy — when found. The same class are supposed to hold a similar belief or disbelief about purulent discharge from the conjunctiva; and they are technically correct in their assumption. Discharges from the ear and eye do cease gradually under internal treatment or even under no treatment at all; but so do the hearing and the sight.

Still greater and more general is the opposition to local measures in the treatment of diseases of the skin. Here, the antiquated notion still prevails, that if we are not very careful we shall drive the disease in, with fatal results, or something near it. The term "breaking out" suggests something foul inside, a "pent-up utica" that in some form of desperate humor or matter has at

last burst through the dermoid shell in which we are incased, to the great relief of our internal parts. The word *eruption* also suggests this volcanic view.

Time and a wider knowledge of the pathology of skin diseases will, it may he hoped, drive this volcanic theory out of existence. It is not so very many years since the true disciples of Hahnemann were wont to rely on internal remedies to cure the itch. Now, the reliance is on external treatment simply because we know the nature of the disorder, and we shall all of us, in due time, doubtless, treat the various *tineas* and other parasitic diseases in the same rational way and with as little apprehension. For years I have treated eczemas in connection with affections of the eye and ear by mercurial, lead, and other unguents and washes with excellent and speedy results. The following extract from a work published some time since bears excellent testimony to the harmlessness as well as to the efficiency of external application in diseases of the skin. The quotation is from Dr. Steiner's "Compendium of Children's Diseases." Prof. Steiner has been connected with the Children's Hospital at Prague for fifteen years past, and they treat nine thousand children at this hospital yearly. He says, "More than a thousand cases of eczema have come under my own observation; and almost all have been subjected to local treatment without reference to their duration or extent, and I do not know that any fatal case has occurred during or after such treatment. On the contrary, I have had repeated experience that the cure of the eczema has been followed by relief of serious diseases due to the restlessness and distress caused by the eruption."

In fact, the skin is to be considered as an organ of the body, and when diseased, treated independently and individually, just as other organs of the body are treated. If the affection be clearly due to irritation of some internal viscera, then just as in disease of the eye or ear, it is rational treatment to remove this irritation; but if the disease is purely local and of external rather than internal origin, then no loyalty to any pathy or to any bugbear tradition should prevent its prompt local treatment. Skin disease may of course be complicated with, or even due to affection of the kidneys, stomach, liver, brain, or reproductive organs, just as disease of the eye may be; but it may, like the eye or any other part of the body, and the more frequently from its exposed situation, have its own independent disorders and call for a measurably independent treatment. The great advantage of having so important an organ visible in every part, and so conveniently subjected to local applications, is a chance not to be lightly neglected or lightly rejected in deference to any rusty theories of the past.

I have now under treatment a case of corneo-iritis. The man has also had for two months a tinea of the scalp, which his physician has been endeavoring to remove by internal remedies. The result of this treatment is that the spot has grown from the size of a quarter of a dollar to that of the palm of the hand. The disease was caught in a barber's shop from washing or shampooing the head. Two weeks ago I prescribed an ointment of the red oxide of mercury. The head is now nearly well.

I have at the present writing a case of rheumatic iritis in a woman of fifty. She happens also to have a troublesome eczema of the lower legs and forearms which her physician had been vainly trying to remove by "doctoring her blood." The case is improving from the use of an ointment like the one above mentioned.

I have at this time still another patient, a lady under treatment for the relief of stricture of the lachrymal passages, who has had a tinea of the scalp for more than a year, and has been treated internally for its cure during this time without result. She has now been under the care of a specialist in skin diseases for two weeks only, but reports herself as very much better under the application of a tar ointment. Not only does she experience no ill effects from the "suppression" of the eruption, but assures me that the scalp feels more comfortable than for months previous, and that her appetite and digestion are notably improved. Such treatment in such affections should no longer be styled *auxiliary.*

MEDICAL EDUCATION.

BY J. G. GILCHRIST, M. D., DETROIT, MICH.

PERHAPS there is no subject that has commanded as much the attention of the profession, or the discussion of which has accomplished less, than that of professional education. That there has been crying need for reform is patent to all, but how the desired result is to be attained seems to be the problem. It might truthfully be said that there is no misunderstanding of the *modus operandi* after all, but a seeming disinclination to use it. Preliminary education, pre-matriculate examinations, extended graded courses of study, and rigid final examinations are quite generally admitted to make up the proper programme; but our colleges quite generally fail to inaugurate the system. From what we know in the case of one or two colleges, we are led to question the truth of the claims set up by some of them, that they have placed themselves on this higher plane; and occasional intercourse with some of their graduates rather confirms us in this suspicion. Being engaged in surgical practice very largely,

the writer is brought into relationship with the general profession frequently, and if the experience were not so humiliating it would be ludicrous. He has often seen letters written in utter defiance of all the rules of orthography and grammar; perfect specimens of the phonetic school, no doubt, but rather too advanced for this conservative age. These interesting documents do not come only from self-created doctors, by any means, but are often from regular graduates of many of our best (?) colleges. In a recent professional trip beyond the Missouri, medical men of our school were seen who had never heard of *Lycop.*, who had no medical journal, some even being without a work on materia medica, and *none* were found who had a respectable library, or even an ordinary professional outfit It is useless, however, to pursue this topic; we all know how true it is, and each of us can add to what has been said.

The vital question is, What is the remedy? The indications are plain, and no student of the times can err in his prescription. The trouble is to induce the patient to submit to the treatment. Ordinary treatment will not avail: the case is eminently surgical, and the treatment must be radical. Our colleges must be *compelled* to improve their systems. It will not do to say, as some have said, that changes and improvements will be made as fast as the "people" can be convinced of the necessity. It is a subterfuge! The people are ready *now*, and the college that inaugurates an honest graded course, with thorough instruction, will not fail of public patronage. In fact, the excellent college in your city, Mr. Editor, is a case in point. If I am correctly informed, you have an excellent class, in numbers as well as in quality. One or two colleges are similarly excellent, but the best of them are capable of further improvement.

Let me give, in closing, a scheme that has long been occupying my attention.

We have too many colleges. Four would more than supply our needs, as it is not *more* doctors that are wanted, but *better* ones.

Make our course of instruction extend over four years, each session continuing for nine full months.

Have our instruction eminently practical, as far as possible, teaching by actual demonstration and by work done by the student, under the supervision of the instructor.

Admit no student unless he can give evidence of graduation from a high school, or of admission to the sophomore year in a literary college, or unless by examination he is proved competent in the studies required for such graduation or admission.

Abolish the degree of M. D. in course, and make it either honorary or a post-graduate degree, to be received by examina-

tion after two years' reputable practice, or to be conferred for professional or literary distinction.

I have said, make the course of instruction practical. Let me explain by reference to my own department, surgery, as being more familiar to me. It was my desire to inaugurate the scheme in the University of Michigan, but my retirement from that institution prevented its accomplishment. The division of studies, as indicated in the announcements of some of our colleges, particularly in the case of surgery, does not strike me as practicable or commendable. In one, surgery is put entirely into the third year. In another it is divided into "first part," "second part," and so on, with no intimation what these "parts" are Now, supposing a four years' course of study, let us divide surgery as follows: —

First Year. General principles of surgery; duties, privileges, as well as general qualifications of the surgeon. Surgical instruments of a general character, not including those required in special regions, such as are contained in the ordinary minor cases. Teach how to select instruments and how to sharpen and take care of them. Manufacture and application of all kinds of dressings, bandages, plasters, poultices, splints, etc. Conclude with instruction in vaccination, lancing abscesses, and such minor operations. All, or most of this, can be taught experimentally by practice on lay figures, the cadaver, or on the living subject. The classes can be divided into sections of eight or ten, and each section have two hours a week, with an additional hour for examination and quiz by the assistants. At the end of the year an examination is held, and advancement to the second year depends entirely upon proficiency.

Second Year. Devote this year to the consideration of accidents and emergencies, with a full course of instruction in wounds of all the tissues, with general consideration of the principles of repair and treatment, contusions, frost-bite, fractures. Dislocations, etc., come next, concluding with regional injuries, as follows: Taking the *head*, for example, give in order the lesions to the integument, causes, conditions of repair, and treatment. Next in same order, injuries to the blood-vessels, nerves, and muscles. Then to the bones, finally to the contents of the cavity. As much as possible, all this should be demonstrated on the cadaver or at the clinics, and each region and extremity should be gone over thoroughly. Nine months will be found none too long for this purpose, if the instructor is conscientious and exhausts his topics. The examination at the close will be as in the first year, including a *résumé* of that examination.

Third Year. In this year teach thoroughly — to a large extent the teaching must be to full classes and didactic — the principles

of surgical pathology and therapeutics. Divide the year into three parts. In the *first part* include such surgical processes as are *general* in character, as inflammation and its modifications, suppuration, ulceration, gangrene, erysipelas, pyæmia, etc., shock, traumatism, and tumors. In the *second part*, diseases that are *systemic*, as those of the nerves, blood-vessels, muscles, tendons, joints, bones, and nails. In the *third part*, commencing with the head, teach *regional* diseases, taking up each region in order. In all of them give full description, diagnosis, etiology, both predisposing and exciting causes, pathology, prognosis, and treatment, excluding operative surgery for the present. Examination as before.

Fourth Year. Operative surgery, with regional anatomy, should occupy this year. Everything should be illustrated on the cadaver, the student himself performing all the operations even without first seeing them done, guided at each step by the instructor. He should be required to give, before commencing an operation, the anatomy of the part, and an outline of the procedure. The subjects of lectures should therefore be given in advance, so that they may be studied. In every way familiarity with instruments should be taught, and the division of the class into sections will afford ample opportunity for full instruction. Each operation is to be described by the teacher, and performed by the student under his supervision. Everything must be complete, to tying the vessels, closing the wound, applying dressings, and giving the proper treatment, with an account of the possible accidents, the methods to be pursued to avoid or modify them, the probable duration, and the ultimate result. Each region and part of the body should be gone over thoroughly, and practice should be given in the use of all the aids to diagnosis, as the ophthalmoscope, rhinoscope, microscope, and the tests for determining the composition of urinary stone. The closing examination should be as in the three preceding years, and should include the diagnosis of selected cases, with full treatment, pathology, etc., indicated.

None, I apprehend, will say that this plan will not furnish complete surgical instruction, or that nine months in a year will be too long a time to devote to it. Until all departments and branches of medical art and science are taught with equal system and thoroughness, our graduates will continue to go out into active life with the merest smattering of knowledge and no practical skill, and will be compelled to acquire proficiency at the expense of their unfortunate patients.

THE BRITISH HOMŒOPATHIC CONGRESS.

THE last meeting, held at Malvern, was opened by Dr. Richard Hughes, the president, with an eloquent and able address, the subject of which was "Homœopathy; its Present State and Future Prospects." He briefly estimated our present position in relation to the profession and also to the public, resting the future success of our school upon the wisdom with which we conduct ourselves, no less than upon our literary and scientific reputation; and referred to the anomalous position in which we are placed by being forced to stand apart from the main body of the profession, affirming at the same time that the attitude of the profession, as our opponent, is itself becoming more and more anomalous, which fact is as evident to one side as to the other. The principles of our system have sometimes been admitted by members of the old school. Several cases were cited where remedies had been borrowed from Hahnemann's system and the value of the *similia similibus curantur* principle tested, with acknowledged gratifying results. Aconite, *e.g.*, is now proclaimed by them to be the great antipyretic, as the founder of our school pronounced it. Men are now beginning to realize that they can no longer ignore a method which has borne such fruits, nor can they persist in ostracizing those whose only crime is that they have adopted it. He believed it to be our own fault, if we do not achieve as marked success as in the nature of things is possible, for the progress in the general reception of our method is self-evident. He assured his hearers that the number of persons preferring homœopathic treatment already far exceeded the supply of practitioners who could give it, and only waited the multiplication of these to increase at a still greater rate. He had no doubt that if a medical as well as religious census were everywhere taken, the proportion of dissenters from the established faith would be surprising to many. In 1878 an allopathic physician, Dr. James Ross, published the following sentence: "No one who is competent to form an opinion can deny that one or two principles lying at the foundation of the homœopathic system are fundamentally true"; and in many cases had views and reasonings been expressed by our opponents that had long previously been as household words in our own school. He also stated his belief that we should feel a deep interest in the reception of the truth we uphold, by the great body of the profession. He likewise cited several cases, showing the change of base in our favor made by our opponents, and their appropriation of our remedies, during the last ten years. He referred to the progress made in one journal particularly, which a few years ago would not admit an article favoring the homœo-

pathic science of therapeutics, but which has now printed practical communications from our colleagues Drs. Flint and Ed. Blake, and within a year has allowed Dr. Sharp to expound homœopathy at some length in its pages.

Imitation is the sincerest flattery, and while we must not think too much of it, we are bound to claim the testimony it bears in favor of our method; and as the intolerant opposition with which we have been met from the profession is subsiding, we can now look forward to the time when the system of terrorism to which we have so long been subjected shall be abolished; when we shall be granted the liberty to which every qualified medical man has a right, and which he is bound to vindicate for himself, — the liberty to practise according to the best of his judgment. He assured his hearers that History must one day pronounce upon the question of the basis of the schism in which we find ourselves, and we may well leave the decision to her impartial verdict.

In speaking of the liberty (?) granted us, he mentioned the exclusion of our school from the privilege of professional fellowship in societies, hospitals, and journals, all public appointments, and from the army and navy. On the other hand, he pointed out to his colleagues that when the liberty they demanded was conceded — as it must be, sooner or later — it would be inconsistent with their principles, if they did not accept their rights when they were granted, renounce their separateness, and resume the place in the body of the profession from which they should never have been extruded.

At the same time Dr. Hughes was sufficiently just to admit the fact that our school had not been altogether free from narrowness and bigotry, shown by some in the assumption that homœopathy could cure everything, in which any other method must utterly fail; for the cure of which faults he looked to the influence of the change from a "little encampment" to a wider field, into the general array of the profession. Once made free of the City of Medicine, it would behove each one to enact his true part in its civic life.

He commended in high terms Dr. Allen's "Encyclopædia of Pure Materia Medica," calling it the grandest collection of pathogenetic material ever made, compared with which Hahnemann's was as a sapling to an oak; yet he suggested that the results reported should be accepted with considerable reservation, used cautiously and tentatively until they had been clinically verified.

Dr. Hughes concluded his address by expressing his anticipation of the time when homœopathy would no longer denote a persecuted sect, but a theory and practice universally recognized as legitimate and true; when all of the medical profession would be united in the generous emulation as to who should do most good for suffering humanity.

After the address, Dr. Herbert Nankivell read a paper on the "Therapeutics of Phthisis Pulmonalis," giving his estimation of the value of Iodide of Arsenic, Hepar, Lachnanthes, the mineral water of Eaux-Bonnes, etc., etc., also making reference to the influence of a winter residence at Davos for similar diseases. Dr. Hayward objected to the congress being occupied with any cases which were not treated according to homœopathic principles. Dr. Pope differed from Dr. Nankivell in reference to the value of Davos for consumptives, and in reply to Dr. Hayward's objections to his paper, Dr. Nankivell contended that his theory and treatment were thoroughly homœopathic.

Dr. Pope read a paper written by Dr. Burnett on the "Revival and Further Development of Organopathy during the First Half of the Present Century," defining organopathy as the doctrine that, all diseases being local or topical, drugs must affect the same organ or parts to prove remedies, tracing it to Paracelsus, and its revival in 1841 to Rademacher, considering it a half-way house between the two schools, — a great advance upon allopathy, but very inferior to homœopathy.

Dr. Hughes favored the paper, and called upon Dr. Dudgeon for his opinion, which was frankly given, with his authority for showing that Rademacher based his practice on the works of Paracelsus, giving to the disciples of this school credit for an excellent proving of Ferrum, showing that it reduced the quantity of red globules in the blood, and caused a state of incipient chlorosis, a fact confirming our own use of the same, and reminded his listeners that those who were anxious to establish new systems or to grind their own little organ must remember that the same tune may have been played on other organs.

Dr. Flint's paper, "The Treatment of Internal Aneurism," called out an animated discussion, which was followed by a controversy respecting the recent action on the proposed recognition of the lectures of the London School of Homœopathy. After this, much plain English was used in discussing Dr. Hilbers's letter to the members of the congress, berating them for allowing *pure* homœopathy to die out. Leeds was named as the place for the next conference.

STUDIES IN THERAPEUTICS. — LEAVES FROM A "CLINICAL INDEX."

BY SAMUEL POTTER, M. D., MILWAUKEE, WIS.

THE following tables will serve as an illustration of the great change which has been going on of late in the principles of treatment of the dominant school.

For two years past I have directed my attention to the analyti-

cal and comparative study of the most liberal authorities in homœopathic and old-school therapeutics. In preparing for the authors named the Clinical Indexes to Hughes's Pharmacodynamics and Barthalow's Materia Medica,* I have found many statements that would have been hooted by the teachers ten years ago when I was a medical student. A comparison of the books named with the writings of Professors Ringer and Phillips of England, Piffard of New York, and Hale of Chicago, cannot but be of value to the student and practitioner, as well as of interest to the future historian of therapeutic progress. To the latter I would say, with Hamlet, "Look here, upon this picture and on this"

SCARLET FEVER.

(BARTHALOW, RINGER, and PHILLIPS.

Aconite, of the highest value for all marked increase of temperature (B. R); helps the development of eruption when due. (P.)

Belladonna, during the eruptive stage when depression exists and rash is imperfectly evolved. (B.) As prophylactic has been recommended (R.), is often efficacious as prophylactic. (P.) The preponderance of evidence is certainly in favor of such use of the drug. (Piffard, Stiles.)

Mercury, ⅛ gr. of gray powder every hour has marked effect on inflamed tonsils. (R.)

Mineral Acids, *H. Cl.* internally and as gargle. *Nitric*, to sloughs in throat. (R.)

Ammonium Carbonate feeble circulation, cyanosis, delirium (B.); in all forms, especially if given early. (R.)

Veratrum Viride, in convulsions. (R.)

Digitalis, very useful, lowers temperature and maintains kidney's action. (B.)

Potas. Permang., locally to throat, and internally (gr. ¼ — gr.j. ter die.) has undoubted benefit. (B.)

Sulphurous Acid, by inhalation, spray or fumigation, in malignant sore throat. (R.)

Cholorine Water, in sloughing of throat. (R.)

Quinia, small doses in adynamic states, large in hyperpyrexia. (B.) Has been very successful when

(RUDDOCK, HUGHES, and HALE.)

Acon. or *Gelsem.* alt. *Bell.* during course, in simple cases. (R.)

Belladonna, in smooth form, tense, bright-red skin, sthenic form, the best remedy; is a prophylactic to this form. (H.)

Merc. in S. anginosa, swelling, ulceration, a tendency to gangrene. (H.)

Ammon Carb., malignant throat symptoms. (H.)

Acid Muriat., for sequelæ of nose and ears. (H.)

Acid Nitr., internally as gargle; or both, in Sanginosa. (R.)

Veratrum Vir., 1*x*, better than *Acon.* or *Gels.* for arterial excitement, danger of cerebral congestion (Hale), vomiting, ϕ for adults. (R.)

Solanum Nigrum, instead of *Bell.*, eruption in spots, large, red and livid. (Hale.)

Iod. of Arsenic, irritating secretions, alterative of malignant processes. (Hale.)

Apis, rapid swelling (R.), nephritis. (H.)

Arsenicum, during desquam. (R.), nephritis. (H)

Ailanthus, 1*x*. S. maligna, dark eruption, cerebral congestion (H.), eruption livid; putrid, typhoid forms, fever intense, small rapid pulse, delirium or coma (Hale.)

Arum triph., ulcerated throat (R.), nose and mouth sore (H.), picking nose and lips. (Hale.)

Stram., in place of *Bell.*, when nervous erethism, convulsions, trem-

* Edition of 1879. [illegible] to Dr. Hughes's book is not yet published. — S. P.

used systematically from start. (Hood.)

Mustard Bath, on recession of rash, to bring it back. (R.)

Oil inunctions, very grateful, especially useful in desquamative stage. Cocoa-butter the most elegant. (B.)

Ice sucked in the sore throat, especially at start. (R.)

Water, cold baths with oil are all that are needed in mild cases. When temperature above 104°, urine scanty and rash retroceding, the cold wet-pack renders signal service. (B. R.) A cold wet compress to neck through the whole course, renewed every 3 hours. (R.)

Milk, the most suitable aliment, both as nutrient and as diuretic. (B.)

Juniper, as diuretic in dropsy. (R.)

bling, restlessness (H.), muscular jerkings. (R.)

Camph., rash retrocedent; hot within though cold to touch; will not be covered. (H.)

Sulph., during decline. (R.)

Lach., S. maligna, typhoid condition. (R.)

Cuprum. retrocedent, prostration, convulsions. (H.)

Rhus, vesicular fauces, much œdema. (H.)

Helleborus, for nephritis. (R., H.)

Zinc, cerebral paralysis. (R.)

Opium, Coma. (R.)

Diet, fruit, if ripe, in season, toast, gruel, etc., in simple cases. In malignant, extract of beef, stimulants as per pulse.

Adjuvants, oil inunctions (R.), water sponging and packing, throat compress. (R.)

Sequelæ. Parotitis, Otitis, Otorrhea, Cough, Nephritis, eye troubles, etc., etc.

DYSENTERY.

Aliment, the diet is of prime importance. (B.)

Aconite, for fever and cutting pains. (P.)

Mercury, in minute doses for the ileocolitis of children. Gr. $\frac{1}{20}$ to $\frac{1}{12}$ of *calomel*, or *hydr. cum creta* every half hour. (B.) Gr. $\frac{1}{100}$ hourly or every two hours, of the bichloride in acute or chronic dysentery if stools are slimy or bloody. (R.)

Ipecacuanha, very valuable in acute or epidemic dysentery; requires large doses, gr. xv. in milk. [gr. xxv–xxx. (P.)] Also in summer dysentery of children, with greenish stools, mucus and blood. Gr. ii.–v. every two hours in milk. (B.) The dysenteric diarrhœa of children, especially with vomiting, will often yield to hourly drop doses of ipec. wine. (R.)

Hamamelis, when discharges contain much blood. (R.)

Nux Vomica, in epidemic dysentery (P.); prune-juice stools, much gas, vital depression. (B.)

Arsenic, Fowler's sol. gtt. ii. with gtt. v. of opium often benefits. (B.)

Quinia, when periodic (B.); in malarial subjects. (P.)

Acon., ϕ alt. *Merc-Corr.* 3x. (R.)

Acon., febrile symptoms, in early stage. (R.)

Merc. Corr., the most brilliant remedy (H.); bloody, mucous evacuations, severe tenesmus *after*, tenesmus of bladder, suppressed urine. (R.)

Ipecac., nausea, vomiting, tenesmus, colic; mucous, greenish stools (R.) quiets tenesmus. Inefficient in small doses as antidysenteric. (H.)

Ham. 1x, much blood (R.); dark blood. (Hale.)

Nux Vom., the first remedy after allopathic drugging; evacuations small, frequent violent tenesmus, pain in back. Also, prophylactic (R.), for tormina and tenesmus. (H.)

Arsen., great thirst, weakness, burning in rectum, chronic dysentery. (R.)

Sulph-Quin., periodic. (R.)

Coloc., much colic (R.); rarely indicated. (H.)

Podoph., prolapse of bowel. (R. Hale.)

Aloes, 1–3x. rectal dysentery, tenesmus, faintness (H.); with hæmorrhoids. (R.)

Arn., almost specific. (H.)

Saline Purgatives, Epsom salts the best treatment for acute dysentery. ℞ *Magn. sulph.* q. s. to saturate ʒviii. aquæ; ac. sulph., dil. ʒi. A tablespoonful every hour or two in a wineglassful of water till it operates. (B.)

Silver Nitrate, in pill, gr. ¼–gr. i. with opium, in acute dysentery, after subsidence of acute symptoms. Also as enema beyond the sigmoid flexure (gr. x.–xx.–Oj. aquæ). Also, as escharotic through speculum to ulcer of rectum. (B.)

Glycerine, with infusion of flaxseed (1–4), to allay tenesmus. (B.)

Opium, as enema, with starch and milk, after canal is emptied by salines. Indispensable in chronic dysentery. (B.)

Lead, Acetate, as enemata in acute and chronic dysentery. ℞ *Plumbi acetat.* gr. iv., *morph. acetat.* gr. ss.; *aq. fervid.* ʒi. to allay tenesmus. (B.)

Grape-cure is used with success. (B.)

Sulphuric Acid, with saline purgatives. (B.)

Copper, Sulphate, useful in acute dyspepsia; in chronic, the most valuable astringent. (B.) Gr. x.–xx.–Oj. aquæ. (R.)

Ergot, in chronic, after acute; ʒiijss. of Ext. to ʒss. tinct. opii deodor. a teaspoonful ter die. (B.)

Iron Pernitrate, sometimes in chronic (army form). (B.)

Sulph., autumnal, worse at night (H.); chronic. (R.)

Collins., rectal dysentery. (H.)

Ailanthus, in China and Japan a favorite remedy in malignant dysentery. (Hale.)

Asclep. tub., ϕ or 1*x*. in children, catarrhal, with rheumatic pains all over. (Hale.)

Dioscorea, catarrhal, mucous. (Hale.)

Gels., spasmodic, colic and tenesmus. (Hale.)

Leptan., chronic dysenteric diarrhœa. (Hale.)

Ricinus Com. (castor oil), in small doses, has made brilliant cures in chronic dysentery. (Hale.)

Xanthox, spasmodic tenesmus, intestinal spasms, prostration. (Hale.)

Rhus tox, involuntary noctural discharges, constant urging to stool. (R.)

Cistus, in chronic. (Hale.)

Bapt., 1*x*. passive. (R.)

MORE ABOUT CLIMATOLOGY.

BY LUTHER CLARK, M. D., BOSTON.

THE GAZETTE has lately contained several interesting articles upon the best places of resort for invalids, especially consumptives. A few of the last numbers of the London *Lancet* have given a good deal upon the subject, from several correspondents and from discussions in the British Medical Association. Dr. Allbutt, an English physician, sent to the *Lancet* this year, as he has the two previous years, the result of his observations at Davos, a sheltered valley of the Alps, elevated a mile above the sea. He turned his attention mostly to English patients there, and gives notes, from the books of their physicians, of fifty-five cases of what he calls "some form of phthisis." Of these fifty-five cases, Dr. Allbutt says thirty-seven improved (some of them

very much), several were wholly cured, and a few more would in all probability be cured by passing another season at Davos. Common experience with cases of phthisis would suggest that the real facts of the case could hardly be so favorable; and an examination of the doctor's notes and of the physical signs given shows that many of the cases called phthisis were not really such. But after all proper deduction for Dr. Allbutt's apparently unintentional overstatements, his account is still interesting and instructive. Davos being mostly resorted to in the winter, the experience there shows that in many cases diseased lungs not only bear a continued cold and highly attenuated air, but are much benefited by it. The air is usually still and dry, being too cold for any thawing of the surrounding snow and ice; and the patients leave before the April thaws begin. The effect of a stay of considerable length, upon those who can endure it, is remarkable. The appetite and power of digestion are greatly increased, and the strength for long mountain walks becomes wonderful. The condition of the lungs improves as well. Notwithstanding the thin air, the breathing is more free, and congestions and infiltrations of the lungs are more speedily removed than under ordinary circumstances. The tendency to hæmoptysis is also diminished, whereas the contrary might naturally be expected.

The articles of Dr. Allbutt in favor of Davos were followed promptly by several correspondents of the *Lancet*, who insisted that Davos was much overpraised. While they all admitted the value of an elevated locality under favorable conditions, they agreed in the opinion that no one whose lungs or constitution were much impaired could endure without injury a residence at Davos; that the quickened pulse and respiration and the general stimulation of the system, which always occur at such an elevation, are harmful or beneficial, according to the case. At a subsequent meeting of the British Medical Association, there was much discussion of the whole subject of choosing a climate for consumptives. Many different resorts were discussed, including Davos and other places similarly elevated. The general drift of opinion was in favor of that climate and place, higher or lower, warmer or colder, where the patient can be most in the open air and take the most exercise. To determine which will be that place, of all the resorts which are recommended, or whether the patient shall leave home at all, is one of the most difficult duties that devolve upon the conscientious physician. In the GAZETTE for March, 1879, Dr. Chamberlain said, "Advising a change of climate and sending patients away for particular troubles is largely experimental." In the present state of our knowledge it cannot be otherwise. Dr. Chamberlain in the same article gives some instances of a great improvement in health from changing the

residence a comparatively short distance. There is ground for believing that in different localities the health may be affected by influences which are as yet imperfectly understood. Besides what is appreciable in the soil, the water, the air, and the sunshine, there may be, from the character of the underlying rocks and subsoil, electrical and magnetic currents and conditions which may exert an important influence. Until we understand better all the elements which go to make up the *genius loci*, and have better means of knowing precisely the susceptibilities and constitutional tendencies of our patients, we can do little more than select the best climate for them to *try*. In the GAZETTE for September, Dr. Gatchell gives, from much experience, valuable hints, and cautions against expecting too much from any of the much-praised resorts. No caution could be more to the purpose than this, that hopes may not be raised only to be disappointed. It must always be recollected that we do not get the reports of the many who go from home only to their last resting-place, but of those who find relief and live to tell their story. Dr. Gatchell's opinion of the lowlands of the South, which make so large a part of our South Atlantic and Gulf States, seems to be more unfavorable than accords with general experience, especially for those who only seek a residence for the cold season. Florida has been so much cried up for invalids and for orange culture that Dr. Gatchell's strong language against it may be useful. And yet in the well-settled parts of Florida there is no lack of people in good health; and some of them will say that they owe their health, and even life, to their having removed to that better climate. Florida must be credited with having in winter, as a rule, a large share of sunshine, not only from its lower latitude, but from the fact that summer is its rainy and winter its dry season. To consumptives who are driven from home by a northern winter, the sunshine will be both agreeable and salutary. The breezes from the ocean and the gulf, which Dr. Gatchell speaks ill of, are rather the redeeming feature of the Florida climate. They have none of the trying chilliness of the northern sea-breezes, are never excessively warm, and have a softness that is to many invalids peculiarly agreeable. Without these almost constant salt breezes, it may be doubted if East Florida, with its warm sun and abundant fresh-water exhalations, would in summer be inhabitable.

Our low country is of course wholly destitute of the influences and scenery which altitude gives, and this to many invalids is a fatal defect. But we have on the other hand the fact that many chronic patients, including some with consumptive tendencies, find low-lying islands congenial, and to some a long sea-voyage is the only remedy. For most parts of the United States it is a

great blessing that invalids can, without a sea-voyage, and often by a few hours' travelling, reach a locality with widely different climate and scenery.

RHODE ISLAND HOMŒOPATHIC MEDICAL SOCIETY.

REPORTED BY THE SECRETARY, GEORGE B. PECK, M. D.

A QUARTERLY meeting of this society was held on Friday evening, July 11, 1879, at the residence of Dr. Charles Hayes, in Providence. Both the designated essayists had been unfortunately incapacitated by severe illness from professional duty for several weeks of the quarter just past, and therefore could not fulfil their appointment, but the four hours allotted to the session pleasantly and profitably passed while listening to volunteer papers and special reports, and criticising the same.

Dr. Charles D. Barnard, of Centredale, was admitted to membership, and Dr. Harry A. Whitmarsh, of Watchemoket, was propounded.

Dr. Peck read the first draft of a report forwarded that day to the State Board of Health, detailing the conditions obtaining in a group of a dozen cases of diphtheria recently treated by himself. While the general facts appeared clearly to indicate the contagiousness of the disease, and perhaps its filth origin, he declared he does not believe it to be contagious; that he is ignorant of the first cause of the disease, and he has found none that can inform him; that the same relation exists between diphtheria and diphtheritic sore throat that does between a malignant and mild attack of scarlet fever.

Dr. Parker does not consider the disease protective (a distinguishing characteristic of contagious diseases), for he has in mind at least two persons who suffered severely from this cause three consecutive years.

Dr. Gottschalck remarked that he had treated a fair number of cases of this disease during the past year, but only in two instances could the cause be attributed to a cesspool or other filth. The former was a group of eleven cases, near Broadway, extending through a very few months, and situated in houses not more than a square removed from said pool, the pool being overlooked by most of their rear windows. The latter consisted of a single case only, but two residents suffered from typhoid fever also. Here the contents of a cesspool had been taken to fertilize the lawn.

Dr. Knight remarked that the seventy children in the Home under his charge had been similarly exposed, their general condition, as regards food and quarters, being decidedly unfavorable, yet there was neither diphtheria nor fever.

Drs. Sawin, Hall, Wilcox, Parker, Barrows, and others participated in the discussion, which was decidedly sceptical in its tendencies. Dr. Gottschalck mentioned a locality on the extreme west side of the city, where the ground, occupied by tenement houses of a very low order, is generally a marsh, and only in seasons of protracted heat and drought becomes free from mud. It is always filthy. During the severe epidemic two years since, he visited from house to house, thinking, perhaps, to find disease in its worst forms. He did discover no trace whatsoever of any recent sickness.

Dr. Mann presented a valuable detailed report of a case of membranous dysmenorrhea succeeding miscarriage. The paper was accompanied with a perfect cast, which was thrown off on the second day.

The delegates to the recent session of the American Institute of Homœopathy, at Lake George, Drs. Gottschalck, Budlong, and Peck, gave verbal reports of the meetings. The first spoke of the general characteristics of the gathering, the value of the papers read, and the nature of the subsequent discussions. The second alluded to the general progress of homœopathy, especially in the State and city of New York, where substantial vantage-ground has been attained and unprecedented triumph secured. The third directed attention to the action of the Institute regarding Boards of Health, and urged all homœopaths as scientific men, as believers in the universal domain of law, to support both the State and National Boards, all sectarian taint having been removed, and the acquisition and dissemination of knowledge made their chief endeavor. He also alluded to some special themes, especially to a discussion between the professors of obstetrics of two colleges regarding the proper treatment of adherent placenta. The one held that it should be left indefinitely until nature inclined to cast it off; the other that it should be removed at some suitable period, averaging say six hours. Both employed strong arguments. The former showed the safety of his position by cases.

Dr. Hall mentioned a case where the placenta had been retained two weeks.

Dr. Parker spoke of an instance of partial placenta prævia, to which his attention had been called as counsel, where the placenta was also so firmly adherent as apparently to form a part of the uterus.

The Dispensary Report showed six hundred and twenty prescriptions issued to three hundred and eighty-one patients during the past quarter; also two hundred and thirty-seven visits made to fifty-seven patients on the east side. No work was done on the west side.

Dr. Hayes entertained the society in an elegant and hospitable manner.

WORCESTER COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

REPORTED BY CHARLES L. NICHOLS, M. D., SECRETARY.

THE annual meeting was held at the Bay State House, Nov. 12, 1879, and was called to order by the president, F. R. Sibley, M. D. After the records of the last meeting had been read and approved, the annual report of the treasurer was presented and accepted. The election of officers for the next year then took place, resulting as follows: President, G. A. Adams of Webster; Vice-President, C. L. Kingsbury of Spencer; Secretary and Treasurer, C. L. Nichols of Worcester; Corresponding Secretary, J. H. Carmichael of Worcester; Censors, W. B. Chamberlain, D. B. Whittier, and C. A. Brooks.

Dr. C. R. Rogers of Westboro' was chosen a member of the society.

After a few remarks by the retiring president, the society listened to an account of the European Hospitals, given by Dr. G. F. Forbes of West Brookfield, who has just returned from abroad. Clinical cases were then reported by the committee. Dr. Chamberlain mentioned several cases of fistula, chronic abscess, etc., greatly benefited by *Calendula* ϕ injections. Dr. Perkins mentioned among others, a case of chronic ovaritis following suppression of menses, cured in three months by *Arsenicum*. Dr. Barton reported several cases of heart disease relieved by *Verat. vir.* 4*x*. Dr. Carmichael reported a case of chronic suppuration of middle ear with mastoid abscess and necrosis, in which the suppuration was stopped by injections of sulphurous acid one part to three of water. In the afternoon the society listened to an interesting paper on Spinal Irritation, by Dr. E. L. Mellus, in which the pathology, ætiology, and course of this disease were carefully described, and verified symptoms given of the most common remedies mentioned for its treatment. After the transaction of miscellaneous business the society adjourned.

OUR MISCELLANY.

COOL. — H. de Villemessant tells us of Dr. J., who had operated upon a patient who had broken his leg, after which a near relative took him aside and said, "Do you think, doctor, he will recover?" "He? I never have had the slightest hope of it!" "Then what was the use of increasing his sufferings, if you felt he would be no better?" "Oh, we must amuse him a little!"

HEREDITY IN CRIME. — Phillips, the young burglar of Taunton, is a great-grandson of the notorious criminal, Malbone Briggs, who was once in the State Prison with seven of his sons. For more than a hundred years this branch of the Briggs family has furnished, in every generation, criminals whose names may be found on the court records and the rolls of our penal institutions. The ancestry of Malbone Briggs can be traced back in a direct line to a noted pirate in the time of Earl Bellamont. Young Phillips is certainly fashioned after the stock he came from, and furnishes an illustration of the laws of heredity. There is no doubt on the question of his being a descendant of Cain.

INSANITY CURED BY A FALL. — Dr. S. H. Talcott, superintendent of the New York State Homœopathic Asylum for the Insane, gives an account of a patient there cured by an accident. J. A. H. had had six attacks of insanity previous to the one here considered, each lasting from three to eighteen months. He entered the asylum on the 10th of July, 1877. Two days after he spied a gas-fixture and sprang for it, swinging himself upward with considerable force. He had reached nearly a horizontal position, and was about nine feet from the stone floor beneath, when the fixture gave way and he fell, striking his head upon the floor. He raised himself without assistance, and clearly stated the facts of the accident. After half an hour he became insensible, remaining so for several hours, during which time his appearance, his breathing and general symptoms underwent various changes. After a few hours he rallied, and continued to improve until the 20th, when he attended a dance. He was, however, retained for nearly two months in the asylum, to make sure of his convalescence, and then discharged. Up to the present time he has remained well. It is evident this cure was in some way effected by the concussion, in explanation of which there are several theories. We must not count on further experiences of this kind for many reasons. Popular prejudice would oppose it as a method, and the question of dose would be one not easily determined on ; therefore we do not recommend the remedy. If taken at all, the patient must assume the responsibility ; like the Hindoo's sacrifice, it must be self-imposed.

SETTING THE MAD TO CURE THE MAD. — At an asylum in Vienna (says the *Union Médicale*, quoting from the *Danube*) a novel method of treatment has been adopted. The director has established a lithographed journal for circulation in the asylum, and he induces the patients to contribute to it. Especially he encourages them to refute the manias of their comrades. The man who believes his nose to be made of sugar candy and liable

to dissolve, he says, can argue with excellent logic against the folly of his friend's theory that his beard is a tender plant and needs frequent watering. As a rule they are able to discuss with good sense all subjects except those which concern their peculiar delusion.

KNIGHTED.—We learn through a Belgian paper that Dr. Martiny has been created a Knight of the Order of Leopold, a just tribute for his scholarly attainments as well as other high qualities. He is a spirited, graceful writer, and we trust the new honor he has won will not enforce a less active pen.

METRIC SYSTEM. — The *Medical Brief* has, among its choice bits, "The metric system is a grand humbug. It has already caused several deaths and ought to be throttled!" So we might say of bread and butter, if injudiciously used. Better have engraved on our door-posts, where all who run may read, "The adoption of the metric system, now making rapid progress in this country, will bring us into harmony with more than a score of nations, save millions annually in computations, and a year of the school-life of every child."

HOMŒOPATHY IN AUSTRIA. — Dr. Edward Huber, of Vienna, has given an interesting account of the progress of homœopathy in Austria from its recognition in 1817, by Altschul, although the exact time that the Hahemannian principle of therapeutics first attracted attention in Austria is unknown. In 1818 Prof. Veith began his study of it, and in 1819 Dr. Gassner and Surgeon Mussek began the practice of Hahnemann's method The same year the practice was forbidden by order of Francis I.; but, notwithstanding this decree, it was soon revived in Prague, Graz, Brünn, and in several Moravian towns. Dr. Marenzella and Count Henry Hardegg successively treated several cases by this system which excited attention and reached the ears of the emperor, who at once desired to learn full particulars. The result was that a special order was issued by his Majesty that clinical trials with homœopathic medicines should be made in I. R. Medico-Chirurgical Joseph's Academy, in 1828. The emperor sent for Dr. Marenzella to come to Vienna in order to put the new method to the test. Profs. Zang and Jäger, the commissioners, reported unfavorably; but from a record of the forty-six cases we find forty-three were discharged cured, and this was accomplished while serious obstacles had to be surmounted, the locality being an allopathic hospital, the nurses being prejudiced in favor of the old system, and most of the patients, having been told that they were to be *experimented upon*, naturally showing active opposition. But from this time homœopathy made great strides, and in 1837 the royal decree previously passed against it was repealed: While it

was slowly but surely gaining ground among medical men and the public, Prof. Töltengi wrote against it, calling it illegal and dangerous, and denying it a scientific basis, which, however, only served to stimulate the powers of Drs. Fleischmann, Hampe, and others, who at once founded a society to develop the materia medica. The first meeting was held Dec. 19, 1842, when provings of Colocynth were brought forward. The next year, Aconite, Gentiana cruciata, and Natrum muriaticum were proved and the provings corroborated. Then followed provings of Thuja, Bryonia, Argentum-metal and nitr., Iodine, Spa water, and Sulphur. Step by step the science of homœopathy has progressed, and although its partisans had a severe struggle at first, it has by brilliant curative results attained its present position, and Hahnemann's doctrine will continue to spread and blossom and bear fruit for the advantage of suffering humanity so long as medical aid is required.

Reviews and Notices of Books.

Lectures on Clinical Medicine. Delivered in the Hospital Saint-Jacques, of Paris, by M. le Dr. P. Jousset. Translated, with copious Notes and Additions, by R. Ludlam, M. D., of Chicago. Chicago: S. C. Griggs & Co. 1880. Octavo, pp. 510.

Seldom or never has it been our good fortune to peruse a book so filled with the practical observations of two so distinguished practitioners as is this combined work of Drs. Jousset and Ludlam. There is scarcely a line from beginning to end that indicates the cloister or the midnight oil. Every sentence originates in keen, observant, thoughtful, independent mind. The plan of the work is broad. It is not an exhaustive treatise on any subject, but in thirty-two lectures Dr. Jousset takes typical or important cases occurring in the hospital, the treatment and progress of which are under the observation of the students who attend his lectures, and these cases are supplemented by others drawn from an extensive private practice. Not only has he treated of such subjects as pneumonia, bronchitis, pleurisy, typhoid and the eruptive fevers, erysipelas, diphtheria, dysentery, acute articular rheumatism, hemorrhages, asthma, affections of the heart, the stomach, and the liver, aortitis, phthisis, herpes, hydrarthrosis, sclerosis of the kidney, scrofulous keratitis, hemorrhoids, vaginismus, pelvi-peritonitis, and peri-uterine hæmatocele, illustrating each with cases and practical observations, but he has managed to interweave his ideas on many mooted points in medi-

cal science, and particularly on those subjects about which some homœopaths have sought to divide our school into parties.

Among these essays or remarks, bristling with points, and worthy of reprinting in the GAZETTE, are such as "Homœopathy, and its Place in Therapeutics"; "The Legitimate Rôle of Empiricism"; "Suspension of the Remedy in Chronic Disease"; "Repetition of the Dose"; "Certainty in Therapeutics"; "On the Choice of the Attenuation"; "On the Choice of Remedies"; "On Individualization"; "Indications for Remedies"; "Experimental Materia Medica"; "The Law of Contrarieties and the Law of Similars"; "The Expectant Method and its Fallacies"; and "The Malignancy of Disease."

Although Dr. Jousset is in the truest sense a homœopath, or homœopathician, if one prefers the elongated word, yet, in his opinion, there are cases in which the administration of crude drugs is not the "unpardonable sin." He says (p. 7), "Concerning the *palliative* treatment of which we should avail ourselves in incurable diseases, 'When the physician cannot cure, it is his duty to relieve.' Therefore, in cases of cancer or of phthisis that have reached the cachectic stage, do not hesitate to assuage pain. In hepatic or nephritic colic, if you find that the ordinary attenuations do not bring their accustomed relief, it is your duty to mitigate suffering, either by an injection of morphine or by some other palliative means. In any case where a curative result cannot be obtained without the use of doses that are relatively large, you should employ them without hesitation. To sum up the whole question in a few words, we believe and profess that *therapeutics were made for those who are ill and not for the doctors*, and that in this branch of medicine especially, a narrow spirit and a too absolute faith are the sources of the most deplorable errors."

On p. 14 he says, "Clinical experience is a basis as solid as the law of homœopathy itself."

On p. 51 he relates a case of intercostal neuralgia incident to a slight bronchitis: "The pain in the side dated eight days back when the patient entered the hospital, and it was so severe as to render it impossible for him to continue his work. He was cured of it in three days by *bryonia*. The indications were, in this case, very precise, — pain in the side, increased by coughing, by breathing, and by motion, and relieved by lying on the affected side. In these cases *bryonia* is almost always a certain remedy. You have already seen and will see more examples of this kind in our service. In a similar case that I treated in the city, *bryonia* failed, but the patient, who was a young girl, did not cough at all. She was subject to hemorrhoids, and could not lie on the affected side. *Nux vomica* cured her."

The dissertation on the "Duality of Phthisis" is one of great interest, while that on Chronic Aortitis (25 pp.) treats of an often-mistaken and little-known disease.

The book possesses as much interest as a novel, or a medical book by Watson or Sims. We cannot lay it down until we have spoken of the smooth translation and elegant diction which Dr. Ludlam has given it in English. Aside from the satisfactory work he has done in this direction, he has also interlarded it with numerous illustrations and observations drawn from his own rich experience. The following note, taken at random, shows their character: —

"For more than twenty years we have given *cheledonium* in a certain stage of what has been variously called pulmonary catarrh, infantile pneumonia, and capillary bronchitis. At first we could not always distinguish them at the bedside, nor are we much wiser how. But this is certain, that the *cheledonium* has, in our hands, saved several little patients who had been given up to die, and to whose relief we were called, either after another physician or in consultation. The indication for this remedy is an excess of the pulmonary secretion, with inability to raise or dislodge it, probably through paralysis of the pneumogastric. It does not seem adapted, like *tartar emetic*, to reopen the hepatized cells. I always use the third dilution of the *chelidonium*."—*L.*

We must, in closing, speak of the excellent manner in which the publishers have done their work; the paper, the type, the proof-reading and style are nearly faultless, and we hope that writer, translator, and publisher will all be rewarded for their valuable work. T.

INFANT FEEDING. By Dr. C. H. F. Routh. Third Edition. New York: Wm. Wood & Co.'s Standard Medical Library. Pages 270. 1879.

When we read the report that in England alone, since 1847, over 341,000 babies have died from developmental diseases, and nearly 25,000 from want of breast-milk, we have a strong "realizing sense" of the necessity of attention to infant feeding, and are pleased that Dr. Routh has handled the subject so well in all its phases, except in the principles of medication. While he cannot insist too strongly on the importance of the mother's nursing her own babe, yet he thinks that the great mortality of infants is due not so much to hand-feeding as to the injudicious manner in which it is generally conducted. He points out fully the dangers to the child of employing fallen women as wet-nurses, and of its effect in encouraging crime directly and indirectly.

YELLOW FEVER A NAUTICAL DISEASE. By John Gamgee. New York: D. Appleton & Co. 1879. Pages 207.

This work is gratefully dedicated to Mrs. Elizabeth Thompson, who, as everybody knows, generously bore the expense of the Yellow Fever Commission in 1878. The author proceeds to show that this disease is often a product of foul ships, and that it is in his opinion possible to extinguish and prevent the disease utterly on the Atlantic coast, by the process of artificial refrigeration. Taking the hint suggested by nature that frost puts an end to the epidemic, he would drive fresh, dry, cold air through the stagnant holds of vessels and thus prevent the least possibility of importation. It is a very interesting and readable book.

THE THROAT AND THE VOICE. By J. Solis Cohen, M. D.
THE WINTER AND ITS DANGERS. By Hamilton Osgood, M. D.
THE MOUTH AND THE TEETH. By J. W. White, M. D., D. D. S. Philadelphia: Lindsay & Blakiston. Boston: N. R. Campbell & Co. 1879.

We have already given unqualified praise to the American Health Primers which have preceded these three, and now see no cause to reverse our decision as to Nos. 5, 6, and 7 before us. They are just exactly what the public needs, and are full of clear explanation, sound advice, mostly hygienic, without pretending to go into the details of medical treatment. Their mechanical execution is very fine, and they are well worth fifty cents apiece. Our patients should be recommended to buy them.

A DICTIONARY OF THE GERMAN TERMS USED IN MEDICINE. By Geo. R. Cutter, M. D. New York: G. P. Putnam's Sons. Boston: A. Williams & Co. Pages 304. $3.00.

Those who are not born Germans will thoroughly appreciate this book, for it puts one on the road to acquiring with the greatest ease what those who have tried it very well know cannot be found in common German dictionaries, — the exact technical meaning of medical terms. The book is very tastefully published and the type is beautifully clear.

HOMŒOPATHIC PHYSICIAN'S VISITING LIST AND POCKET REPERTORY. By Robert Faulkner, M. D. Boericke & Tafel.
LINDSAY & BLAKISTON'S PHYSICIAN'S VISITING LIST FOR 1880; 29th year.

Both of these lists have met with much favor and both are arranged on the same general plan, which will satisfy those who keep *weekly* records. The usual information is given about poisons, obstetric calculations, indications for the use of medicines, etc.

TRANSACTIONS OF THE AMERICAN HOMŒOPATHIC OPHTHALMOLOGICAL AND OTOLOGICAL SOCIETY. Third Annual Meeting at Lake George. 1879. Pages, 112.

This young and enterprising society, which now numbers forty specialists, here presents us with a finely printed volume of transactions, which is at once interesting and scholarly. . Would we had more such. Besides the minutes there are seventeen well-written papers. Copies can be had of the secretary, F. Park Lewis, M. D., of Buffalo, for $1.00 each, and of last year's volume for 50 cents.

THE ARCHIVES OF MEDICINE, G. P. Putnam's Sons, the general excellence and typographical beauty of which we have already referred to, has in its October number interesting articles on measurements of male and female heads, the training of an idiotic head, hysteria, cholera infantum, lunacy reform, etc.

OTHER BOOKS RECEIVED. — The Homœopathic Law of Similarity, by Dr. Von Grauvogl. Translated by Geo. E. Shipman, M. D. — The Cipher Repertory. Chap. XVIII. Female Genitals, by Drs. Drysdale & Stokes. — Outlines of the Practice of Medicine, by Samuel Fenwick, M. D. Philadelphia, Lindsay & Blakiston. — Hale on Diseases of Women. 2d edition. Boericke & Tafel.

PAMPHLETS RECEIVED. — Homœopathy in Europe in 1878; Germ Theories of Disease; by C. Neidhard, M. D., Philadelphia. — Neurotomy, a Substitute for Enucleation, by Prof. J. J. Chisholm, M. D., of Baltimore. — Homœopathy: a Letter addressed to a Friend, by George Hilbers, M. D., Brighton, England. — Report of the Adams Co. Medical Society, Pennsylvania.

PERSONAL.

Dr. C. L. Hart has removed to 15th and Farnum Streets, Omaha, Neb.

Dr. G. E. Belcher has removed to 522 Madison Ave., New York.

Dr. A. E. Tuck has settled at Woburn, Mass.

There is a good opening for a homœopathic physician at Yazoo City, Miss. Address J. W. Champlain; also another at Baton Rouge, La. Address Prof. Magruder.

Otis Clapp & Son will receive subscriptions for the new edition of Hempel's Materia Medica, advertised in the December *Gazette.*

The publishers of Hempel and the *Medical Counselor* have extended the time of their combination offer to Jan. 15. See page advertisement in this number.

Otis Clapp & Son have just published for free distribution a handsome colored *calendar for* 1880, under which is a very convenient device, taken from Leishman, for reckoning the day of confinement. Send for one.

It is stated that Governor-elect Cornell, of New York, has appointed Dr. Wm. H. Watson, of Utica, as Surgeon General on his military staff. — A very good appointment. He will be the first homœopathic surgeon general in that State.

W. R. Bartlett, M. D., of Chicopee, a graduate of B. U. S. M., 1877, and who served a year as house surgeon in the Mass. Homœopathic Hospital, died of diphtheria last month, after having successfully treated quite a number of cases in a local epidemic. He was universally loved and respected, and altogether a very promising young physician.

THE

NEW ENGLAND MEDICAL GAZETTE.

No. 2. FEBRUARY, 1880. VOL. XV.

EDITORIAL.

TEMPORA MUTANTUR.

IT will be remembered that the Board of Experts of the Congressional Yellow Fever Commission, after visiting for several weeks the different localities in the South where the fever prevailed in 1878, and taking testimony, presented to Congress, about a year ago, a bulky report of seven hundred or eight hundred pages, in which they positively affirmed that the evidence was perfectly convincing that yellow fever in our Southern States was always an *exotic* and never an *indigenous* disease, and that the only real remedy was a strict quarantine. The Board of Experts was made up entirely of allopathic physicians with one exception, Dr. Louis A. Falligant, of Savannah, a very able homœopathist, and he alone dissented from this view. Without denying, of course, its occasional origin by importation and the consequent necessity for quarantine, he firmly believed and offered irresistible arguments to prove that it was also often indigenous and caused by neglect of local hygiene, and that against *this* source necessarily quarantine would be powerless, nothing being of any avail but the removal of filth and the restoration of good sanitary conditions. So firm was he in his convictions that he felt reluctant to have what he considered a one-sided report made to Congress, and desired to make a minority report. But he being all alone against such odds, and a homœopathist too, the majority was unwilling that he should make such report, and, in fact, rather sat down upon him in several ways.

But lo and behold! a gradual transformation scene. Dr. Falligant must now be observing the change in sentiment with a grim satisfaction. The "Medical Record," after giving a full

report of the seventh annual meeting of the American Public Health Association, at Nashville, Tenn., Nov. 18–21, 1879, says editorially (Nov. 29), "There is still probably a majority who believe in its always being imported, but the majority is smaller than it was last year, and the tide seems to be turning to the other side." Again, after referring to the now prevalent ideas as to the prime importance of local sanitary measures, it adds, "Quarantine also was not claimed [at this meeting] to be more than a useful auxiliary."

In the "New Orleans Medical and Surgical Journal" for September and December, 1879, Dr. Joseph Holt, a sanitary inspector of that city, writes up last summer's cases of yellow fever, of which there were forty-one, — all among the whites, — and conclusively demonstrates that these cases were developed *spontaneously* in five distinct and separate parts of the city from "air and soil pollution." After giving his evidence, he adds of one of these parts, "The infected locality comprised an area of forty-five squares, known as the Fourth Municipal District. There is not the slightest evidence upon which could be founded a *suspicion* that the infection was brought into this area by importation of any kind. . . . Outside the infected area, seventeen cases occurred, one imported by ship and four from Morgan City, an infected place. There is no authenticated instance of the disease having been communicated to any one by an imported case." The fever did not spread in the infected locality, he says, because the authorities woke up to the importance of thoroughly cleansing it.

Dr. Holt advances the following conclusions: "Of three things we are certainly assured. We know that perfect sanitation is the one great experiment yet to be tried in the solution of the yellow-fever problem; that the disease has ceased to occur epidemically in certain cities, heretofore scourged, coincidently with an improved municipal sanitation; and, finally, that every city, town, or ship in which the disease breaks out and spreads is a city, town, or ship in a *foul and most unsanitary condition.*"

Dr. Holt is not alone in his views. The best allopathic minds are already looking at the subject in the way that he does. If the Board of Experts of the Congressional Yellow Fever Commission should be called on to do its work over again, would the majority *now* be likely to sit down on Dr. Falligant?

THE PROPOSED NEW QUACKERY LAW.

It may be remembered that the Gazette last May gave forth no uncertain sound in regard to the expediency, nay, the *necessity* of having some good law passed in Massachusetts and other States, to protect the community against medical quackery. We quoted also in full in that number the law concerning the regulation of the practice of medicine which has lately given such great satisfaction in Illinois, compelling in the first year after its passage, fourteen hundred quacks to leave the State or quit practice, and hundreds of partially educated physicians to enter medical schools to finish their education. In our March number will be found a draft of a law which has been carefully framed, and within a few days presented to the Legislature of Massachusetts, and which, although founded for the most part on the Illinois law, yet embraces also some excellent points derived from a study of laws in other States and the British Provinces. This has been drawn up by the Health Committee of the Social Science Association, and provides for the licensing of all physicians and dentists by a State Board of Medical Registration, which shall consist of nine members, five or six of whom will probably be selected from the Massachusetts Medical Society, one or two from the Massachusetts Homœopathic Medical Society, one from the Massachusetts Eclectic Medical Society, and one from the Massachusetts Dental Society. We have not space in this number sufficient to allow us to yield to the very strong temptation to express our views on this matter at the length which the subject really demands; but will merely say that the law meets with our hearty approval, and we earnestly request our Massachusetts readers to look carefully at its provisions, and then use in behalf of its passage their utmost influence with any members of the Legislature whom they may know. Sooner or later some such law is bound to pass. Let us hasten the joyful day, or else forever hang our heads in dismal shame.

A few of our physicians have already had an opportunity of seeing the draft of the proposed law, and have given its main features their hearty sanction. Among them are Drs. Thayer, deGersdorff, Talbot, Krebs, Palmer, Farnsworth, Hedenberg, C. & W. Wesselhoeft, Colby, Hastings, Baker, J. H. Sherman, W. L. Jackson, J. H. Smith, E. U. Jones, N. R. Morse, Sturtevant, Angell, Woodvine, Whittier, H. E. Spalding, and others. The eclectic doctors, Milbrey Greene, Miles, and others, also favor it. It

approved among the allopaths by such men as Drs. H. J. Bigelow, Bowditch, F. H. Brown, Cabot, Chadwick, Cushing, Ellis, Fifield, Hodges, Knight, Lyman, Shattuck, Storer, J. C. Warren (editor of "Boston Medical and Surgical Journal"), Wigglesworth, and many others. Indeed, it seems to be the general opinion that it will probably be opposed only by ignorant and unprincipled charlatans, or their agents or dupes. Outside of the medical profession, it has been indorsed by a large number of the best men in the State, among whom are Hon. Charles R. Codman, President Eliot of Harvard College, Rev. Dr. Manning, Alpheus Hardy, Avery Plumer, Quincy A. Shaw, N. Thayer, H. S. Russell, Phillips Brooks, J. H. Wolcott, J. C. Ropes, Abbot Lawrence, W. H. Forbes, Geo. C. Richardson, Theodore Lyman, Otis Norcross, H. H. Hunnewell, etc. We sincerely hope that this proposed law may pass.

We had intended to publish a copy of it in full in this number, and, indeed, had it in type for that purpose; but as it is now at the last moment undergoing extensive alterations in form and phraseology, we prefer to wait until we can present it in a state of perfection for future reference. It provides that the following physicians shall receive licenses without examination: all members of the three incorporated societies of this State ("regular," homœopathic, and eclectic), simply on account of their membership; all well-graduated physicians of good moral character who have practised medicine in Massachusetts for two consecutive years; and all non-graduates of good repute who have practised medicine in Massachusetts for ten years. It also provides that any respectable non-graduate who has practised medicine in Massachusetts for two consecutive years before the passage of this Act may receive a license after a written examination on practical midwifery, surgery, and the nature and diagnosis of disease, and on such practical questions in Materia Medica and Therapeutics as shall receive the assent of every member of the Board. All others must now and forever after, before being allowed to practise in the State, pass good examinations in Anatomy, Physiology, Pathological Anatomy, Pathology, Chemistry, the Action of Poisons, Surgery, Midwifery, Medical Diagnosis, Hygiene, and Medical Jurisprudence. These are the most important provisions of the law. The rest relate to licenses for physicians who live outside of the State; and also for those advanced students of Harvard and Boston University to assist in free dispensary practice; and for dentists and midwives; to the power to revoke licenses for cause; to the penalties for the violation of the law; to the publication of an official register, etc. Of course, for obvious reasons, some ignorance will have to be winked at for the present; but this law is for the future. To the future we can look with bright hopes, if it receives the sanction of our Legislature.

BLOODY TUMOR OF THE SCALP; SPONTANEOUS RUPTURE BEFORE BIRTH IN THREE SUCCESSIVE LABORS IN THE SAME FEMALE.

BY JAMES HEDENBERG, M. D., MEDFORD, MASS.

Nov. 17, 1879, I was called to see a woman in labor with her third child, and found her having strong pains, and the midwife who was in attendance alarmed, because "she flowed with every pain." A considerable quantity of blood was under the patient.

Examination showed a head presentation first position, but I felt something unusual. (Here I might write, "which I instantly diagnosed to be ———," and lie about it, but the truth was, it took a little time to ascertain what that something was.) My first thought about a woman in labor flowing with every pain was a partial placental presentation, but my finger said *no.*

Again, blood escaping from the external genitals, a thrombus and rupture of labium. My sense of touch inclined to this, until I struck bone, when all was clear. My finger had entered a fissure in the scalp, and followed it as far as I could reach.

Calling one of the friends, I explained that the child's head had burst open, and it would probably be dead. What was my surprise then to hear my patient say, "Both my other children were so; the first, a boy, was still-born; the second, a girl, lived." After a tedious waiting, during a portion of which it seemed as though the head was trying to be born through the scalp, the labor terminated and we found a live boy with a rupture of the scalp starting at a point behind the left ear and extending over the head in a direction leading towards a point in front of the right ear. This tear measured, when carefully adjusted, thirteen centimeters, or a trifle over five inches. The child looked somewhat exsanguine. Adhesive strips were used to adjust the edges of the rupture. On the following day there was considerable effusion, for which a compress wet in arnicated water was ordered. The effusion was rapidly absorbed, the edges of the scalp adhered firmly, and mother and child made a rapid recovery.

This case reminds me of one I saw in Arlington, in consultation with Dr. Libby, who sent for me to assist him in a case of difficult labor. The woman, a primipara, had for several hours endured the severest labor pains without much progress.

Examination showed the vagina to be filled with a fluctuating tumor, which seemed like the unruptured membranes, although the doctor assured me they had ruptured hours previously.

Behind the tumor, when the pains were off, by strong pressure, the head could be felt. While the tumor was bulging out under a pain, I struck it with the tip of my finger several times, still thinking there might be some mistake, and that I was dealing

with abnormally thick membranes, when the tumor broke, deluging my arm to the shoulder with blood and serum, and my finger struck bone. The forceps was now applied, and after a long and a strong pull, our patient was delivered of a still-born child.

The rupture did not exceed two inches in length.

MIXED NARCOSIS.

J. H. MARSDEN, A. M., M. D., YORK SULPHUR SPRINGS, PENN.

IN the second edition of a work on "Artificial Anæsthesia," by Dr. Turnbull, quite recently published by Messrs. Lindsay & Blakiston, we find on page 134 the following extract: —

"During the past two or three weeks," says the *London Lancet*, Dec. 1 (we presume 1878), "a novel mode of producing anæsthesia, called mixed narcosis (*gemishte narcose*), has been employed by Thiersch of Leipzig, whereby insensibility to pain may be procured without the total abolition of consciousness. The credit of the discovery is ascribed to Prof. Nussbaum, of Munich. Although suitable for all kinds of operations, it is especially serviceable for operations about the mouth and jaws, in which blood is apt to flow into the trachea or down the œsophagus into the stomach, and subsequently to cause vomiting. . . . . A subcutaneous injection of morphia, from a quarter to half a grain, is given, as soon as the patient is placed upon the operating-table, and immediately after, the administration of chloroform is commenced. After inhalation for about five minutes the operation may usually be begun, but the chloroform must be renewed at intervals. The patients lose all sensibility, but evidently retain a considerable degree of consciousness and control of voluntary movements."

To the action of chloroform as modified by that of morphia antecedently given, I have referred in my work on "Practical Midwifery," page 275, a chapter written some years before its publication. On the evening of the 13th of April, 1869, I was called, in consultation, to a case of labor, in which the arm was prolapsed, the shoulder forced down into the pelvis, the waters completely drained off, and the womb apparently tightly embracing the child. Not being able to introduce the hand sufficiently far to reach a foot, owing to the crowded condition of the passage and the rigid contraction of the womb, I proposed chloroform to be given for the production of deep anæsthesia and consequent relaxation of the tissues. The attendant remarked that he had administered large and repeated doses of morphia to allay pain, which he represented as having been agonizing for several hours,

and asked my opinion whether or not this might be an objection to the use of chloroform. I replied I thought not, and the inhalation was immediately commenced. I do not think the patient could have inhaled the chloroform nearly five minutes, very gradually given, as is my custom in such cases, before profound anæsthesia was produced. Terrible as the operation of turning under these circumstances must necessarily be, I did not perceive that during its whole course she moved a muscle or uttered a groan.

Reflecting upon this case very shortly after its occurrence, it suggested to me that this combined effect of morphia and chloroform, which was too manifest to escape my notice, might serve a good purpose, not only where a severe operation was anticipated, but also in certain cases with which I had not infrequently met in midwifery practice, and which had, up to that time, often given me a good deal of trouble. We sometimes find that patients who suffer intensely in labor, rather, it would seem, from hyperæsthesia of the nerves than from any mechanical difficulty, cannot be relieved to the extent we desire from the simple inhalation of chloroform. The stage of excitement is prolonged, and jactitation persists, perhaps throughout the whole course of labor. Here, I thought, I will give morphia, if there be no contra-indication to that drug, and follow it with chloroform. Again, if patients have suffered long and intensely before we see them, they are apt to carry the remembrance of their suffering with them as a troubled dream, and it is very difficult to secure that perfect quietude at which we aim. This expedient, to meet the above-named difficulties, I have again and again recommended. The only drawback to its successful application I can conceive of is, that, if pushed too far, it might possibly altogether arrest the action of the womb.

Not long after the case above stated somewhat in detail, I had an opportunity of witnessing the combined effect of opium and chloroform. A patient of mine to be operated upon for the extirpation of ovarian cyst, took at bedtime, in accordance with the prescription of Dr. John L. Atlee, a large dose of McMunn's Elixir of Opium. It produced sickness and vomiting during the night, and narcosis which lasted till the hour of operating next morning. The patient passed very quickly under the influence of the anæsthetic, which I understood to be sulphuric ether two parts, chloroform one part. She did not move or moan during the operation. The patient first mentioned I had not an opportunity of interrogating as to the amount of consciousness she retained, but I have no doubt from appearances that it was *nil.* The latter, who is still living, is very positive that she knew nothing from beginning to end.

Some time after these observations were made, I met with the

statement, perhaps in "Ranking's Half-Yearly Abstract," that Claude Bernard was in the habit of giving the animals upon which he designed practising vivisections, a dose of morphia previous to administering chloroform. By this means he secured, it was said, perfect relaxation and passiveness, the animals being to all intents and purposes as if dead, and offering no resistance to his operations. I would here add, I have observed a similar effect from the consecutive action of hydrate of chloral and chloroform, but by no means so intense.

From the foregoing observations it would seem that there must be a misapprehension on the part of some one, both as to the very recent date of the discovery and first application of "mixed narcosis," and also as to its peculiar effect. I am very certain I noticed the phenomenon as described in connection with the case first above mentioned, and at the date assigned; and that shortly after, upon reflection, I saw its probable advantageous application, as before stated, and that I spoke of this and wrote of it years ago. And lest I should seem to wish to claim priority of discovery, I will say with all candor, that I do not know how long before I noticed the phenomenon, M. Bernard may have known and utilized the same thing, although I am confident I had no knowledge of his practice till a considerable time after the date I have already given.

Again, the effects of the so-called "mixed narcosis," as stated by those who claim its very recent discovery, are just the reverse of those obtained by M. Bernard and myself. They claim that while a sense of pain is completely annulled, consciousness remains almost intact. According to M. Bernard a sense of suffering on the part of the animals and a knowledge of what was passing (consciousness) were alike and *completely* abolished. My more limited observations are in perfect accord with his.

Nor do I see such difference in the administration of the agents as to cause or account for such discrepancy in the result. According to the "Lancet," as quoted by Dr. Turnbull, Prof. Thiersch gave a subcutaneous injection of from one fourth to one half a grain of morphia as soon as the patient was placed upon the operating-table, and *immediately* after commenced the administration of chloroform. Claude Bernard, upon the authority of Dr. Turnbull, did not commence the administration of chloroform till the expiration of forty minutes or an hour after the morphia had been injected. In the cases I have cited as occurring under my own observation, the morphia had been given some time before the chloroform, but the effects of the former still remained. As regards the qnantity used by Thiersch, we have the statement above. I have not the data to infer that commonly used by Bernard, but the presumption is, it was in full

dose. In the first case of my own above cited, I was told upon good authority it was large, and from what I know of the liberality of the gentleman in the use of that drug, I was willing to take him at his word.

The length of time the inhalation was continued in Thiersch's cases, before the patient was in condition to commence the operation, is said to be about five minutes. In my cases to which I have referred, the time of inhalation till the complete effect was produced could not have been longer. There seems, then, to be no single circumstance or combination of circumstances in the administration of the agents to which we may attribute the apparent difference of results, except it be the longer time that elapsed in the one case than in the other between the administration of the respective drugs. On the one hand, we are told the subjects were completely insensible to suffering, but retained sufficient consciousness to know what was transpiring around them. On the other, not only was all sense of pain abolished, but the patient sank into the unconsciousness of death. Does the single circumstance just stated account for this, or is there a mistake on the one side or the other; and if so, who made it?

OUR LONDON LETTER.

[After reading this interesting letter, we know that our subscribers will be much pleased to learn that Mr. Harris has kindly consented to act as our regular correspondent in London, and to keep us freshly posted in English homœopathy. — ED.]

PERHAPS the most important feature in the history of homœopathy in England during the past year has been the changing attitude of some of its professors towards the dominant school. Years ago, in the early days of homœopathy, it was the fashion of the allopathic journals to abuse it and all its works, and to call down curses on the heads of those daring to avow a belief in its tenets; its law was an absurdity, its doses a fraud. Nowadays public opinion has become strong enough in our favor to make this wholesale denunciation bad policy. So the orthodox editors have changed their ground, and now say that a man may believe in the truth of the law "Similia similibus curantur," may give medicines in fractional doses, and yet be accepted as a worthy member of the profession, but he must not call himself by any name which will make his belief or particular practice known. The name is now the great offence; the word "homœopathy" stinks in their nostrils, and they will have none of it. Trading on a name, holding a sectarian position, — this is the crime of which we are now accused. So loudly and persistently has this charge been made that it has apparently shaken the faith of some of our

older practitioners, not in homœopathy itself, but in the righteousness of their position as a separate body; they seem at times to forget how that separation took place, that it was not a voluntary act of the believers in the new doctrine, but was owing entirely to the sectarian and persecuting spirit of the bulk of the medical profession, — a spirit unfortunately not yet extinct in England, as has been shown during the past few months, when a leading London hospital surgeon having met in consultation a well-known provincial homœopath, received a round-robin of remonstrance from the medical staff of the provincial hospital, and had to defend his conduct by saying that it was a surgical case. While such feelings persist, what chance is there of justice for homœopathy among the rulers of medicine? Yet so great is this longing for union, that our friends have made overtures on more than one occasion, and have seemed even to court the insult they received by their humbleness. "Absorption into the main body of the profession," "Physicians first, homœopaths afterwards," are now the watchwords of men who once were foremost in the struggle for free thought and liberty in medicine. This *esprit de corps* is no doubt a good thing, and medical ethics have their proper place, but I fancy these enthusiasts sometimes overlook a larger aspect of the question. As homœopaths, we believe we possess a surer and quicker means of saving life and relieving suffering than is known to our orthodox brethren, and the public now very generally share this belief. Surely, then, we owe a duty to humanity to make this knowledge as useful as possible, and the public has a right to know at whose hand it will receive the treatment it desires. How are we to give them this information? Shall we follow the example of many specialists in the old school, and do it indirectly by writing worthless books advertised in the ordinary journals, or connecting ourselves with special hospitals and dispensaries with the same end in view, viz., that our names may be advertised? Is this the better way, or shall we honestly avow our belief in the doctrines of Hahnemann, nor blush to call ourselves or be known as homœopaths? This device of the old school will, doubtless, like its predecessors, disappear and make way for some newer one, and it would be waste of time for us to chase all these bogies of the allopathic imagination. Meanwhile, it has already done us much mischief by sowing dissension in our ranks and hindering the progress of one of the newest and most promising of our institutions, the London School of Homœopathy. This dream of union has so fascinated some of the original supporters of the school that they have persuaded themselves that it was possible that the licensing bodies might be induced to recognize the lectures delivered there as part of the ordinary curriculum of the medical

student, but they insisted that to obtain this end the obnoxious name must be dropped, and some general or local designation given to the school. This question has been discussed now *ad nauseam*, and in every instance, by a large majority, it has been decided contra to the views of the absorptionists; but they are not content to be beaten and accept the situation. They now hold aloof from the school, and aid it neither by their influence nor by their purse. Under such circumstances, it is a matter of sincere congratulation that the school survives and is doing a steadily increasing good work.

The action brought by Dr. Phillips, the quondam homœopath and late lecturer on Materia Medica, at Westminster Hospital, is now probably finally settled, he receiving from the Railway Company £16,000 compensation for the injuries he sustained.

Repudiation of homœopathy or perverts from it to the old school are sufficiently rare to make the letter of Dr. Willoughby Smith to the "British Medical Journal" a curiosity. This gentleman, a son, I believe, of an esteemed homœopathic practioner, a former assistant of Dr. Kidd, commenced his practice some years since in rooms situate over the shop of a homœopathic chemist to whom he was in the habit of sending his prescriptions, and was constantly recommended by him as a practitioner of homœopathy; but now, when taken to task on the subject, he repudiates all connection with it as a system of medicine, and expresses his annoyance that he should ever have been taken for a homœopathist. Poor fellow! I am afraid the fable of the man with two stools will illustrate his future position. The Directory just published by Thompson & Capper shows that the number of practitioners of homœopathy in the British Isles remains exactly the same as in 1878, the vacancies caused by death and the absence of names of several well-known practitioners of homœopathy having been filled up in the main by young men, several of them the first-fruits of the London School of Homœopathy.

HENRY HARRIS, M. R. C. S.,
149 *Cold Harbour Lane, S. E.*

A CASE OF ECZEMA RUBRUM.

BY F. N. PALMER, M. D., BOSTON.

RAYER says, "Our inability in a multitude of cases to discover any evident cause of the disease oftens leads us forcibly to the conclusion that *eczema* is most generally evolved and kept up by some hidden alteration of the fluids and solids." This is

very old "old-school" teaching, but it is worth something as negative testimony.

Every practitioner of experience has observed the intimate connection existing between causes which impair the integrity of the blood and the expression of their effects upon the surface of the body. In zymotic disease this is so patent as scarcely to need mention. It is less so in non-malignant disease. The impairment which sometimes follows whooping-cough, for instance, though it would scarcely be noticed in a well-nourished infant, in fact would not exist pathologically, is often of very serious character in adult patients, especially at middle and more especially in very advanced age. Two of the worst cases of eczema I have ever seen I believe to have arisen from this very cause.

Whether the injury be to the blood primarily, or we are to be satisfied with the indefiniteness of the old writers, and regard it as "some hidden alteration in the fluids and solids," the general impairment is evident, and the work to be done plain, namely, to assist nature in furnishing new and healthy blood corpuscles, to allay irritation and procure the rest so indispensable to nutrition as well as comfort; at the same time taking nature's hint and favoring her effort to throw off effete matters through the skin. This view does not exclude the use of our specifics in their true sphere, and I cannot see how the greatest stickler for exclusive treatment can regard it as conflicting with the dogma of the school.

About eight years ago I met, at the house of a gentleman whose family I was attending, a lady who had for several years suffered from an ugly eczema, which covered the superior and anterior portions of the scalp and the forehead. It was a great discomfort and a very great disfigurement. She incidentally asked my opinion as to its curability. Considering her age, then about sixty-three years, the length of time the eruption had existed, and the number of experiments already tried upon it, I frankly told her I did not think it best to meddle with it. I advised her to do all she could for her general health, to bathe the eruption now and then with a delicate suds of pure Castile soap, and make the best of the affliction. This was regarded as rational advice and acted upon.

About five years later I was called to see this lady, who was now suffering from a new expression of the disease. The condition of the old eruption had not materially changed, but upon the lower extremities, from the knees down over the ankles, the dorsum of each foot, over the toes and upon the soles of the feet, was one large extent of highly inflamed surface, raw as a piece of newly dressed beef and highly sensitive. The swelling was

considerable, particularly about the ankles, and the whole was bathed in a dense and rather fœtid secretion, which when left to itself dried into heavy, rough crusts, loosening and falling off or remaining to irritate the inflamed surface. The burning and itching were intolerable, destroying sleep, appetite, and strength, in short, rendering her life miserable. This condition, the patient informed me, followed rapidly upon an eruption similar to that upon the forehead, as it appeared when it first showed itself.

My first prescription was *Rhus Tox*^{3x}, and cold-water compresses. The suffering was much palliated, and this treatment went on for a week or more. As no considerable change in the outward appearance was yet obtained, the patient and her friends were not fully satisfied, and I cast about for other and more efficient means. I had used the *Benz. Ox. Zinc Oint.* in a severe case of eczema capitis with immediate and gratifying effect, so far as external conditions go, and as I did not expect to *cure* this case, I determined to try this ointment as a palliative. Its effect for the first three days was very encouraging, but I felt obliged to tell my patient that the probability was it would show a reaction soon, for she thought herself on the high road to immediate recovery. On the fourth or fifth day, the inflammation, with its attendant sufferings, returned with the suddenness and force of a pent-up river, breaking through temporary obstacles. The patient and her friends were glad enough to return to the more simple and rational treatment. From this time forward, that treatment was (with internal remedies varied according to indications) compresses of ice-cold water, changed two or three times during the night (the patient always sleeping quietly between the changes), and much more frequently during the day time.

It was winter, and the patient was quite favorably situated for carrying out this treatment; she was naturally resolute, and determined to make thorough work of it. The effect seemed to be measured by the intensity of the cold applied. The reaction of this delicate patient and the comfort derived from the (sometimes frozen) compresses was something astonishing.

In addition to the above means, I made a strong point of the most nourishing diet obtainable, with daily use of a generous wine.

By the end of the fourth week the true value of this treatment began to show itself in diminishing inflammation, irritation, and swelling. In another week slight spots of perfectly healthy skin appeared, which finally spread over the entire surface. Previous to this, crop after crop of vesicles had appeared and passed through the various stages. By the end of the sixth week the patient was able to get on some loose shoes, and go

down to her meals. Improvement was from this time uniform, the treatment being continued, less vigorously, of course.

The ensuing summer was spent at the seaside, and in the early fall this lady called at my office to report her condition. She was free not only from eczema upon the lower extremities, where the skin was now healthy and soft as that of a child, but the old eruption upon the scalp and forehead, which had received absolutely no external treatment, had just about disappeared. She was close on to seventy years of age, yet in fine health, and had added to her weight, during her stay at the seaside, fifteen pounds.

NOTE. The internal remedies used in this case were *Rhus tox.*, *Graph.*, *Sulphur*, *Lycop.*, *Ledum pal.*, *Croton tig.* and *Sepia.*

SPINAL IRRITATION.

BY EDW. L. MELLUS, M. D., WORCESTER, MASS.

HAMMOND, while retaining the name of spinal irritation, believes that it should properly be called anæmia of the posterior columns of the cord. This seems to be the generally accepted view, but owing to the favorable termination of the disease, it will remain a somewhat open question for the present.

For a condensed but exhaustive history of the affection, I cannot do better than refer to Hammond's work on "Diseases of the Nervous System."

Without feeling equal to a discussion of the pathology and proper nomenclature, I wish to call attention to the large number of chronic and subacute cases in which it may seem at first very difficult to locate the seat of disease, where we often satisfy ourselves or our patients by a diagnosis of hysteria, nervous exhaustion, or general debility. I believe that in a very large proportion of these cases a careful examination will reveal tenderness on pressure, more or less marked, over the spinous or transverse processes of one or more vertebræ. The secondary disturbances, or concomitant symptoms, are so marked that attention is drawn away from the spinal symptoms, which are often obscure. In those cases in which the patient may not have suspected spinal tenderness, the sensitiveness to pressure will probably be due to hyperæsthesia of the skin supplied by the short branches of the posterior spinal nerves. The degree of tenderness may show every stage of intensity, from that just enough to be discovered, to that in which the slightest pressure excites a cry of pain or the patient falls in a swoon. Often the various movements of the trunk excite severe pain, generally

supposed to be due to compression of the nerve-trunks as they leave the bony canal. The principal seat of tenderness is generally between the scapulæ or in the small of the back, about the fourth or fifth lumbar vertebra. The extreme of tenderness is generally found upon one or two vertebræ, and decreases in intensity as you recede from that point either up or down the spine. I think those cases in which every spinous process seems equally sensitive will generally be found complicated with hysteria.

Most of the cases of spinal irritation are found among women, but it is by no means uncommon in the other sex. Rosenthal says that "all influences which produce stimulation or depression of the nervous system may act as exciting causes. Lively emotions, mental distress, unrequited love, excessive stimulation of sexual desires, over-exertion, and night work are among the most frequent."

Any mental or physical strain, severe and long-continued, draws heavily on the vitality of the nervous centres; the digestive tract, deprived of proper innervation, refuses to do its work in a satisfactory manner; stimulants are resorted to to keep up the flagging energy, which, instead of giving more vital force, like the whip to the horse, compels the poor patient to use up what little strength he has left. Hence we find many of these cases in over-worked men and women; persons of energetic temperament, who undertake to do work enough for two or three men and never stop to rest; women who have more cares than ever Martha had, toiling early and late to keep house and household in order, probably bearing children every year or two, — all this in addition to the numerous claims of society. Is it any wonder that their blood turns to water and they fall by the wayside?

The first symptoms observed are oft-recurring mental and physical languor, but we seldom see the patient during these prodromes. They generally come for treatment for headache, palpitation, dyspepsia, neuralgia, or fancied kidney disease. The concomitant symptoms depend upon the location of the irritation. If confined to the cervical or dorsal region, we have headache, vertigo, sleeplessness, palpitation, dyspnœa, and dyspepsia. If the lower dorsal or lumbar region is principally affected, we have vesical and uterine weakness, various forms of neuralgia in trunk and limbs, deficient circulation in limbs, and sometimes slight muscular spasm. In irritation of the entire length of the cord we may have any or all these symptoms developed.

In a recent work on nervous diseases, Prof. Rosenthal says of this affection, "The pains in different portions of the body are either fixed or wandering and intermittent; they often follow the course of the nerves. They may be accompanied by formication,

numbness in the limbs, sensations of burning, heat and sometimes of cold. More or less motor disturbances often occur. These consist in the slight forms of muscular weakness, diminished resistance to fatigue, and partial muscular spasm in the limbs. In more severe forms the pains rapidly increase in violence, and may deprive the patients of the use of their limbs. They can only walk a few steps with marked effort, tremor, and vertigo. They cannot even use their hands in the simplest occupations, to perform any manual labor, to write, play the piano, etc., all muscular action producing pain in the back and limbs. The patient asks to be left quiet in the dorsal decubitus and in absolute muscular inaction. Nevertheless, true paralyses do not occur.

The mental faculties are also changed, and present the symptoms of abnormal irritability. There is a condition of intellectual *malaise* and a feeling of constriction in the head; the patient cannot speak or read a long time, as he soon becomes tired; the face easily reddens or pales. Insomnia usually occurs. These extremely sensitive individuals react very strongly to the impressions of the outer world. Slight functional disorders are sufficient to produce strong febrile movement and cephalic symptoms, followed by exhaustion.

Spinal irritation nearly always pursues a chronic course. The phenomena of irritation may disappear after having lasted several weeks or months, but exacerbations and relapses are frequent; they occur from slight causes, and often without any known provocation.

The diagnosis is not difficult, as the only diseases of the cord with which spinal irritation is liable to be confounded are myelitis and spinal meningitis. Myelitis is distinguished by a more regular course, girdling pains as of a cord bound about the body, anæsthesia, and paralysis. Spinal meningitis is distinguished by febrile symptoms and opisthotonos. Neither is meningitis subject to the variations noticed in spinal irritation. The first thing to be thought of in *treatment* is to remove, as far as possible, exciting causes, to give the patient absolute rest and as much nutritious food as the stomach will bear. When there is much derangement of the digestive functions, liquid food will have to be relied upon for a time, small quantities given often, perhaps every one or two hours. The patient should have absolute freedom from all mental care and anxiety, and in the lighter forms of the disease take a moderate amount of exercise, always within the limit of fatigue. Often the best results may be obtained by adopting Weir Mitchell's plan of keeping the patient in bed and giving the muscles exercise by *massage*, viz., by vigorous kneading of the flesh every day, or oftener: in fact, there are

few cases which will not be benefited by this treatment. It is desirable that patients should be kept in the open air as much as possible, especially during convalescence. Mountain air is preferable; away from towns, even in the wilderness. All authorities, of whatever school, agree that one of the most potent remedies is the direct, continuous galvanic current. It should be passed up the spinal cord by placing the positive pole at the base of the spine, and the negative somewhere in the cervical region. Each treatment should not be longer than ten minutes, and the current should not pass through the spine for more than two minutes at a time. The local application of hot water has been of some benefit in my hands. It should be applied as hot as it can be borne, in a rubber bag, some eighteen to twenty-four inches in length, and not more than two to two and one half inches in width.

The selection of drugs must be governed of course by the symptoms in individual cases. I give below some symptoms and indications, many or even most of which I have verified in practice.

Cocculus. Light-haired persons, especially women and children. Spinal irritation complicated with hysteria; great lassitude of the whole body; drawing pains in the back of the neck; palpitation from mental excitement.

Nux Vomica. Numbness of the limbs. Vertigo; constant pain in the small of the back; disposition irritable and impatient; increased sensibility to external impressions; sleepy in the evening, but wakes early in the morning. All the symptoms worse in the morning, and relieved by lying down.

Sepia. Great sadness, weeps frequently; weakness of memory and inability to think; irritable and excitable; frequent micturition even at night; palpitation brought on by emotion; wakes up with violent beating of the heart; great weakness in the small of the back; icy coldness of the feet; excessive sensitiveness to pain. Adapted to persons with dark hair.

Carroll Dunham says, "The disposition peculiar to *Sepia* is a depressed, anxious, and fearful state of mind, with a sense of helplessness, and yet great susceptibility to excitement and still more to terror, frequent attacks of weeping and despair of life."

Sulphuric Acid. Mental excitability; disheartened, inclined to weep, congestive headache, debility and sense of exhaustion. The pains come on gradually and cease suddenly.

Lilienthal says the gastralgia of spinal irritation is cured by *Nitric Acid.*

I was called Oct. 11, 1879, to see Mrs. J. C.; age forty-four. She had been under old-school treatment for six weeks and was steadily growing worse. Her physician told her that her illness

was owing to change of life and treated her accordingly. When I first saw her she was so low that her husband was just going for the priest, that she might have the benefit of the last rites of the church. I found her extremely prostrated from lack of nourishment, but with no irritation of the stomach. A good deal of pain in the head; slight febrile movement; great sadness and low spirits; inclined to weep; vertigo and palpitation; obstinate constipation and sleeplessness; had not menstruated since April. Three points along the spine were extremely sensitive to pressure, viz., fifth dorsal, first and fourth lumbar vertebræ; feet cold and numb. All the symptoms worse in the morning. ℞. Beef tea every two hours and *Nux Vom.*[3x] and *Sepia*[6x] alternately every two hours. Improvement marked in twenty-four hours. She had no other medicine except one dose of *Bryonia*[6] for some gastric symptoms, and one powder of *Sulphur*[9] at two different times for sense of heat on top of the head. At the end of three weeks this patient was about the house, menses having returned and spinal tenderness nearly disappeared. Although I thought these remedies clearly indicated, and I believe them to have done their work well, the prompt recovery was largely due to the persistent exhibition of nourishment. For a gnawing pain at the pit of the stomach her old-school physician had ordered hot rye-meal poultices applied *externally!* Rather a novel prescription for a clear case of hunger.

Another case has not terminated so satisfactorily. Mr. A. B., music teacher, age thirty-five years, presented himself for treatment October, 1878. He presented nearly all the symptoms of spinal irritation, — spinal tenderness, pain in the back, languor and weariness, vertigo, headache, neuralgia, palpitation, dyspepsia, and incontinence of urine. The history elicited gave abundant reason for this condition by terrible and long-continued mental and physical strain. He has been under treatment ever since with varying success. At times the improvement has been marked and satisfactory, and again he takes two steps backward for one forward. At present he is just getting about from an attack of prostration which kept him in bed for six weeks.

Sulphuric Acid served me better here than any other remedy, but the most discouraging feature in the treatment of this case is that it is impossible to change or even modify certain surroundings, which keep him in continual turmoil, — in a state midway between excitement and despair. I am confident that if these exciting causes could be taken away, I should soon see signs of permanent improvement, perhaps recovery.

THE RATIONALE OF SIMILIA SIMILIBUS CURANTUR.

BY W. B. DUNNING, M. D., HARTFORD, CONN.

(*Continued from page* 8.)

II. Let us consider now the second question, which might perhaps have been better considered first. Solely for convenience in the discussion, I have preferred to attempt an analysis of the general mode of action of remedies, before entering on the consideration of the action of diseases, because we have names for the causes of drug diseases, while we have *not* names for the causes of natural diseases. No one knows, or attempts to name, the entity which causes typhoid fever. We do know the name of the cause of arsenical poisoning, and names often conduce to clearness of expression, which a phrase might obscure.

How, then, do diseases act? Take, for example, the disease *acute dysentery.* There are various forms of this disease, and the causes of it are probably numerous. With respect to the severe form, pathologists are at variance regarding its nature, some maintaining that it is simply an inflammation of the colon, and that the various symptoms are secondary to the intestinal lesion. Others, however, hold that the disease is really an essential fever, just as typhoid fever is, and that the pathological changes found in the colon bear the same relation to the disease itself as the ulcerated Peyerian patches bear to typhoid fever. But, whatever the nature of the disease may be, the views I wish to express concerning the course of the disease remain the same. They are similar to those above expressed concerning the action of drugs. Suppose, for example, the cause of dysentery, whatever it be, introduced into a living body, it immediately excites resistance, and a struggle at once occurs between the disease-germ and the vital forces. The duration and the result of this struggle will vary according to the amount and intensity of the disease-germ, and the power of the forces resisting it. A few days, however, will tell whether the dysentery or the patient is to be victorious. The disease may "cure itself," as the phrase is, but how? Surely the disease-producing agent will not remove the disease. Nature may remove it. But what does this expression mean? Is it not true that, in the struggle between this disease-germ and the human organism, a reaction of the latter is excited against the former, and that thus the patient wins the victory, and the disease is conquered? Or, if the poison is too intense for this fortunate result, then the effort of nature toward reaction is insufficient, and in the struggle the patient falls. In both cases, we have the direct, specific effects of the disease-producing agent up to a certain point, but from this point onward there is a wide difference in the two cases. In the one case, the struggle between the disease and nature results in the victory of the for-

mer, because the disease-poison is too intense for sufficient reaction against it; in the other case, the victory belongs to nature, the reaction against the disease. The expressions, "The disease is too severe for him to rally against it," or, "He has a good constitution, I think he will get over it," forcibly represent the popular conception of disease as a battle between the disease-germ and the patient. What, now, is taking place in our patient? A struggle between the disease-cause and the vital organism, just as, in the case of arsenical poisoning, a struggle was going on between the drug and the vital organism. The general aspect of the case here is the same as in the case of the struggle against the drug, though of course differing essentially in detail. Now, diseases may terminate in perfect recovery, in imperfect recovery, or in death. Almost any given disease may terminate in any one of these three ways. Acute dysentery generally terminates in perfect recovery, frequently in imperfect recovery, sometimes in death. Why this difference? The disease-germ may be in extreme force, and thus may win the victory quickly; or in less force, protracting a doubtful struggle for weeks, victory seeming now to come to one combatant, now to the other; or in slight force, yielding readily to the natural reaction against it. If recovery occurs, it is due only to the reaction against the disease-germ. If death occurs, it is because the organism is overwhelmed by the poison, and reaction utterly prevented or made only partial.

The expression, "Nature cures," can only mean, nature reacts against the disease. It can never mean that the disease *really* cures itself. No force in nature ever changes its action from intrinsic tendency, but only as acted on from agents outside of itself. So a disease-germ can never cure itself. The vital forces may expel it or destroy it. Only thus can nature be said to cure. Reaction, then, is the much-talked-about *vis medicatrix naturæ*. In stating these truths, I may seem to be uttering mere truisms, but their application to homœopathy is not a truism, and it is to this that I direct your attention.

Now, as we did with the drug, let us here attempt to make this struggle more clear. Conceive a quantity of the disease-germ, with an intensity represented by z, entering the system. It encounters a reaction, which we may represent by y. The intensity of z is so slight that we perceive really no specific effects of z whatever, but only the effects of y. Suppose, however, the intensity be $2z$, we now begin to detect some slight evidences of the specific effects of the disease-cause, but these are not very intense and last but a short time, while y shows itself in a manner even more marked. Suppose, again, the intensity be $3z$. The specific symptoms of the disease are now very marked, while y shows itself rather weak. The struggle con inues, now one, now the other seeming to prevail, the final issue being doubtful.

Lastly, suppose the intensity to be $4z$, we now find no indications of y; it is utterly overwhelmed; only the symptoms of the disease are manifest, and these in tremendous power. Is not the parallelism between the drug and the disease-germ complete?

Now, in a struggle occurring between a disease and a patient, the physician may take one of three conceivable courses:—

1. He may fight directly against the poison, dealing against it his most vigorous blows, and striving to *thrust* it out of the patient. In a case of pneumonia, for example, he fights against a poison of whose essential nature he knows nothing, with weapons whose power he little understands, fighting in the dark with heroic remedies, aiming at nothing and generally hitting nothing, except the patient himself. He goes at the disease with hammer and tongs, and lucky indeed is the patient if the blows are not dealt against him rather than against the disease. This is the "allopathic" method. Or,

2. He may simply endeavor to sustain and strengthen the patient during the struggle, hoping that the poison will ultimately wear itself out and the patient's system finally react against it. This is the "expectant" method. Or, lastly,

3. He may endeavor to excite the reaction of the organism against the poison where such reaction does not already exist, or if existing but weak, endeavor to increase and strengthen it, using remedies which he believes appropriate for this purpose. This is the "homœopathic" method.

1. Allopathy says: "Remove the offending cause. Neutralize the poison." To which I would respond, Remove the cause by all means if you can, and probably you can if it be a mechanical cause. Neutralize the poison certainly if you are able, and perhaps you may be able if it be a chemical poison. But how if your cause be neither mechanical nor chemical? How if it be dynamic? How will you remove or neutralize the cause of typhoid fever or variola? You are far more likely to remove or neutralize your patient, for your cause is beyond your reach, swimming through the blood and penetrating every tissue of the body.

2. The "expectant" method says: "Don't meddle too much. Keep him quiet, feed him, give him pure air, an even temperature, and keep him clean. Don't give him any medicine of any account, a *placebo* to humor him perhaps, but no perturbing remedies. Your medicines are far more likely to do harm than good." This method is doubtless a vast improvement on the polypharmacy of old allopathy, but must yield to modern homœopathy, which possesses all its excellent features, with powers of its own, far beyond the crude therapeutics of the old methods

That the method of treatment first named, the allopathic method, is sometimes applicable, no one ought to deny. When

we know a cause of disease to be present which is accessible and can be removed, it would be criminal not to remove it. If the stomach contain an irritating substance, which is exciting disease, it is sometimes right, of course, to administer emetics. If the bowels are filled with substances which are by their presence causing suffering, who would refuse to unload them? But, even in these cases, the cause being removed, often the disease does not cease. What principles, then, can guide us in the further treatment? Homœopathy alone can satisfactorily answer.

So, too, the second named method of treatment, the expectant method, is sometimes applicable, but only because the third named, viz., the homœopathic, is not yet fully developed. If we know no remedy that will act similarly to the disease, no remedy that will excite reaction, then the true principle indeed is "hands off." Here, at least in acute diseases, let us follow the expectant method. Its principles are here the safe and sure ones. But upon this method, let us not forget, homœopathy as it becomes more and more a science of therapeutics, must make constant encroaches, and the method of giving placebos to "amuse" the patient while nature is "curing" him, must yield to the method which can give medicines to compel nature to cure him. Expectancy and allopathy must decrease, while homœopathy must increase.

But in saying this I do not mean to imply that homœopathy is yet a complete system of medical treatment. Not yet is its method fully developed and applied. The problem before it is an immense one, for the solving of which in its entirety time and earnest study are required. A perfect system it is not, nor will it be until we have remedies appropriate to the treatment of all diseased conditions. As "provings"—or physiological studies of remedies—increase in number and reliability, it will become more and more perfect. Until then, the true physician, while always employing homœopathic treatment when possible, will not scruple to use expectant means, if he knows not and cannot learn a true homœopathic remedy, or even use the palliatives, of which old-school physicians are so fond. It is right that he should do so. Honestly believing, however, in the view that *reaction against disease* is nature's method of cure, and basing on that view his belief in homœopathy, he must ever aim at a consistent homœopathic therapeutics, though this will not and need not prevent his employing any means of relief which experience may have shown him to be useful. In the minds of some, homœopathy and medicine are interchangeable terms. To them homœopathy is *the* science of therapeutics. This undoubtedly should be its ideal and aim, but it is not yet this, perhaps never will be. Medicine is not yet an exact science. If it ever becomes such, it must be through the aid which homœopathy offers it. *It* has the

key with which to unlock nature's mystery,— the key of REACTION. And as diseases, on the one hand, are more thoroughly understood, and remedies, on the other hand, are more exactly "proved," with this key homœopathy is destined to unlock the secrets of more and more of human diseases.

Consider this, that there is scarcely a disease which can be named from which recovery does not sometimes occur, — almost no disease, however extensive, however malignant, which nature, unaided, does not sometimes cure. How does she cure it? What is her secret? This is her secret: she excites and maintains a reaction against the disease, and so she cures. This, then, is our problem: *How to excite and maintain reaction against disease.* When this problem is solved in all its applications to disease, the problem of therapeutics will be solved. Homœopathy, then, aims to be *the* science of therapeutics. It is now, in so far as it is developed, a science of therapeutics, a reasonable and scientific method of treating the sick. As time passes, and as its disciples become more numerous, more able, and more earnest, and as the materials become more abundant, more accurate, and more systematized, more and more will it approach its ideal; more nearly will it become *the* science of therapeutics, a goal toward which it is now progressing. To sum up, I contend, —

1. That the vital forces fight against every poison, whether drug or disease-germ, introduced into the system.

2. That every drug introduced into the system tends to produce its own specific effects. If introduced in large quantity it overwhelms reaction, and succeeds in carrying out these effects to the uttermost; if introduced in small quantity it excites reaction, and either fails utterly or only partially produces its specific effects. In the two cases the phenomena and termination are directly opposite.

3. That, similarly, every disease-germ introduced into the system tends to produce its own specific effects. If introduced in large quantity it overwhelms reaction, and succeeds in carrying out these effects to the uttermost; if introduced in small quantity it excites reaction, and either fails utterly, or only partially produces its specific effects.

Lastly, from these facts, I conclude that, as nature always cures by reaction, man can best aid nature by endeavoring to excite or increase reaction. That, as nature's reaction is excited in pneumonia, for example, by the pneumonic disease-germ, so man can excite or increase such reaction *only by giving a remedy acting similarly to this disease-germ*, if he knows any.

A medicine acting *identically* with the disease-cause probably does not exist. Indeed, in the present condition of medical science, it is scarcely conceivable. But whether conceivable or not, such a mode of therapeutic action is not homœopathy, but,

if worthy of a name at all, it should be called isopathy. Its formula must be *Eadem iisdem curantur*, certainly not *Similia similibus curantur.* For surely similarity is not identity. To say a thing is like another thing, is not to say it is the same as that other thing. The idea of similarity *excludes* the idea of identity. Similarity implies difference as well as likeness. If a medicine could be found *identical* with the disease-cause, the former would probably intensify the action of the latter. If, however, the medicine be different from the disease-cause, however *similar* it may be, the former cannot coincide with the latter, but must, on the contrary, have a field of action of its own. Probably every agent, capable of acting on the human organism, has its own peculiar mode of action. The mode of reaction is also peculiar to itself. And the reaction, excited by any remedy acting *similarly* to the disease-cause, is not *identical* with the reaction which the latter should excite, but *similar* to it. Conceiving, then, that in a given case of disease, the power of natural reaction against the disease-cause has been exhausted or overwhelmed, is it possible that a similarly acting remedy can excite a reaction similar to that which nature has striven but failed to excite? Will not our similarly acting remedy coincide with the disease-cause, and so intensify its action? To the latter question the answer is, No; because the remedy is different in nature from the disease-cause. To the former question the answer is, Yes; because the remedy is similar in action to the disease-cause.

On these two foundations of disease-study and drug-study, holding and applying the principle of reaction, homœopathy rests. Is this theory absurd? Is it worthy of ridicule? Is it not, rather, in harmony with experience, with reason, with common-sense? As such, is it not worthy of honest, unprejudiced study?

Reviews and Notices of Books.

Clinical Therapeutics. By Temple S. Hoyne, M. D. Vol. II., Part VII.

This part contains the conclusion of *Graphites*, and also *Moschus*, *Opium*, *Petroleum*, *Thuja*, *Zinc*, *Baryta Carb.*, *Cantharis*, *Cuprum*, *Ferrum*, *Hyoscyamus*, and part of *Lachesis*. We think the plan of this work a most excellent one, — that of illustrating the curative action of drugs by condensed, typical cases from practice.

PLAYFAIR'S MIDWIFERY. Third American edition. Pages 655. Philadelphia: Henry C. Lea. 1880

This standard work is plentifully illustrated, there being, besides one hundred and eighty-three wood-cuts, two full-page plates, showing sections of frozen bodies in the last month of pregnancy, and at the termination of the first stage of labor respectively, which illustrate the relations of the uterus and its contents to the surrounding parts and the positions of the fœtus. This edition has been carefully revised specially for this country by the author, who has added a separate chapter on the interesting subject of Laparo-Elytrotomy, in which he gives a history of this operation (revived in 1870 by T. Gaillard Thomas, of New York), and its results, especially in comparison with the Cæsarian section. The American editor, Dr. Harris, does not seem to be so enthusiastic in his expectations from this scientific but difficult operation. The statistics of the Cæsarian section for Great Britain were compiled especially for this work, while those for the United States are more complete than any yet published. From latest accounts, Porro's operation (that of removing the uterus and ovaries after the extraction of the child by the Cæsarian section) has now been performed in all thirty-two times, with fifteen recoveries. In the Vienna hospital four cases out of seven were successful, while under the old method all such cases for a century had proved fatal.

ALLEN'S ENCYCLOPÆDIA OF PURE MATERIA MEDICA. Vol. X. New York: Boericke & Tafel. 1879.

If an encyclopædia can properly be said to have an end, the tenth volume now before us of Dr. Allen's great work will be the last, at least so far as regards the matter it was originally intended to contain. As our readers are aware, however, we have the promise of an additional volume in the form of a repertorial index, which will make the work infinitely more available for all purposes than it must otherwise have remained.

But aside from this, an encyclopædia is practically always incomplete, especially when it deals with a science as rudimentary as that of pharmacodynamics. What we have can only be looked upon as a fraction of what another generation will bring forth; and those of us who recognize the value and importance of Dr. Allen's work and perceive, however dimly, the infinite possibilities it opens up in therapeutics, cannot fail to hope that, in spite of the herculean task he has accomplished, he will continue to build on the foundation he has so successfully laid.

The present volume already indicates the endlessness of the task on which he has entered. It comprises as its proper

contents the drugs ranging alphabetically from Tilia to Zasia, between which lie some fifty medicinal substances, the great majority of which are now for the first time presented to the profession in an available form. But these occupy scarcely more than a third of the volume. The remainder is filled by a supplement in which most full and important additions are made to many of the remedies which, as originally presented, occupy the space of heavy monographs. In this way aconite, arsenic, carbolic acid, tartar emetic, belladonna, morphine, mercury, the salts of potash, and a large number of others, are enriched by many effects observed and recorded since the publication of the previous volumes, or but recently come to light.

This, however, is not all. In addition to the first supplement the volume contains a supplementary supplement, which, besides bringing up still further material, gives promise by its very existence of more, and proves the exhaustlessness of the mine that has now begun to be worked in a regular and systematic manner. We look forward to valuable additions to this work from time to time, and would urge those of our readers who appreciate the fact that upon the perfect knowledge of actual drug effects rather than upon physiological speculations all progress in therapeutics depends, to note with care and accuracy every instance of pure drug action that may fall under their notice, and to send such records to the editor of the Encyclopædia for future use. W. W.

THE HOMŒOPATHIC LAW OF SIMILARITY. By Dr. Von Grauvogl. Translated by Geo E. Shipman, M. D. Chicago: Foundlings' Home Print. Pages 85. 1879.

This is an open letter (written in 1861, but now for the first time translated into English) to Prof. Justus Baron Von Liebig, by the celebrated author of the well-known "Text-Book of Homœopathy." Liebig, in his "Chemical Letters," had made a thrust at homœopathy thus: "Who can affirm that the majority of the intelligent and educated men of our day show any higher degree of knowledge of nature and its forces than the iatro-chemists of the sixteenth century, if he knows that hundreds of physicians, educated at our universities, hold as true *principles which mock all experience and sound reason?*" etc., etc. Immediately Grauvogl felt called upon to make a spirited defence of homœopathy, which he does in his peculiar manner. Among many good points, however, which he makes, occur arguments and wild statements which are calculated to do us much mischief; such as, to quote only one instance, the following, on page 45: "Not only in felons, but in very many other cases, homœopathy has taken the knife forever out of the hand of surgery. . . . Homœopathy surely cures enchondroma, caries, carcinoma, polypus,

many forms of cataract, many benign and malignant tumors," etc.

THE CIPHER REPERTORY. CHAP. XVIII. FEMALE GENITALS. By Drs. Drysdale and Stokes. Hahnemann Publishing Society, England. 1879.

The Hahnemann Publishing Society was established in England on the model of the Sydenham Society, being composed of members who pay a guinea subscription, and who for this receive a guinea's worth of books at about cost price, — works which would naturally have such a small sale that no publisher would like to incur the risk. Already the society has published parts of the *Hahnemann Materia Medica*, the *British Repertory*, and the *Therapeutic Part*. American physicians are urged to join the society, and also to *work* for it. Membership can be secured by sending $5.75 to the secretary, Dr. John W. Hayward, 117 Grove Street, Liverpool The Cipher Repertory might compare favorably with Samuel J. Tilden's, although it would not probably excite the same curiosity to interpret it. We cannot speak from experience, but should imagine that for a good while the labor of mastering the unknown tongue would far exceed the labor saved by it.

MODERN HOUSEHOLD MEDICINE. By C. R. Fleury, M. D. London: E. Gould & Son.

Low-potency physicians, who wish to recommend a work on homœopathic domestic medicine to their families, will here find one to their hearts' content. The author never recommends any dilution higher than the third decimal, and a great many are marked 1^x and ϕ. The book is a very handy 12mo, of 616 pages, and not expensive. An effort is made to give the description of diseases and their appropriate treatment "till the doctor comes," or in his absence where he cannot be reached, in such plain and untechnical language that the non-professional reader or student can easily understand it, and we think Dr. Fleury has succeeded admirably. He very wisely gives directions about bathing, diet, gymnastics, etc., medicines being considered to form only one element in a rational treatment.

OUTLINES OF THE PRACTICE OF MEDICINE. By Samuel Fenwick, M. D. Philadelphia: Lindsay & Blakiston. Pages 387.

This book is almost entirely devoted to the consideration of the prognosis and treatment of disease. It is in substance a part of some lectures given when the author was professor in the London Hospital Medical College, and represents very clearly the ideas most generally received by the "great lights" in the old school. Dr. Fenwick, thinking that there is at present too strong a tendency to adopt physical diagnosis as the basis for

treatment, to the disparagment of symptomatic indications, endeavors to correct this defect. The book is well worth reading.

OTHER BOOKS RECEIVED. — Hale's New Remedies, Vol. 2, Therapeutics; Boericke & Tafel. — Trans. of Hom. Med. Soc. of State of New York. — Ditto of Penn. — Clarke's Manual of Surgery, Wood's Standard Med. Library. — Fox's Photographic Illustration of Skin Diseases, Parts 4, 5, 6. N. Y.: E. B. Treat. — Duncan on Diseases of Women. H. C. Lea. — Nettleship's Diseases of the Eye. H. C. Lea.

PAMPHLETS RECEIVED. — Origin of Specific Medication, by R. E. Kunzé, M. D. New York. — The Paper World, Holyoke Mass., Vol. I. No. 1. — Uterine Fibroids, by Prof. H. F. Biggar, M. D., Cleveland, O. — 2d Annual Report of Presbyterian Charity Eye and Ear Hospital, Baltimore. — A very handsome large card calendar and pocket-book calendar from Alfred Mudge & Son, the printers of the GAZETTE. —Vick's Floral Guide, Rochester, N. Y.—Programme of Cook's Excursions to Europe.

Our Miscellany.

LADY MEDICAL STUDENTS. — There are thirty-seven students in the London Medical College for Women, and the institution is in a most flourishing condition.

HOMŒOPATHIC INSANE ASYLUM. — Plans for the erection of the third building of the New York State Homœopathic Insane Asylum have been approved, and the work begun.

KENTUCKY PENITENTIARY. — Owing to the crowded, filthy condition of this prison, two hundred and eighty-nine prisoners are down with diarrhœa; which fact has led Dr. L. P. Blackburn to pardon a large number of criminals to deplete the number. This action has, however, called forth severe and unjust criticism from portions of the political press of the State. Kentucky is free of debt, and her citizens noted for intelligence and refinement. Such a condition of affairs should not be tolerated in any civilized community. The "Medical News" has urged in strong terms the body of medical men, throughout the State, to use their influence in correcting this shameful evil. Governor Blackburn is a philanthropist, and will receive the approval of all thinking people in the step he has taken.

PROF. LISTER. — At the Medical Congress at Amsterdam in September last, Prof. Lister was received with unusual demonstrations, and greeted with waving hats and handkerchiefs, and vivas in all languages; after which he delivered a brilliant address in French, without notes, in defence of his antiseptic method, which had been strongly opposed by Mr. Savory. His presence and remarks excited great enthusiasm; and his remarkable reception has made a deep impression in England, and will exert a lasting influence upon the schools of London, in which city Lister has been treated by his colleagues with marked coolness. Prof. Lister is well known as a hot opponent of the admission of women to the practice of medicine, and has inva-

riably declined to take part in any proceedings to which they were admitted. On this occasion, however, several ladies, M. Ds., of various universities, were present, which neither daunted nor disconcerted the professor.

THE Boston correspondent of the "Chicago Examiner" says, in relation to the recent action of the Massachusetts Medical Society, "In New York and Rhode Island, medical societies have opened their examinations to women, but less than half a dozen of the latter have been successful. In our State the censors have made the examination so rigorous that it is by no means easy for a medical graduate to pass. The stronger minds hope the noble old society will not lose its time-honored dignity. It will be severely tried by the admission of women, and it will not be surprising if many members refuse to attend the annual meetings.

"If the doors of the Harvard Medical School are opened to women, it will be by the influence of non-medical committees, whose members do not know what it means to unite young women with young men in the co-study of medicines, surgery, and obstetrics. No delicate, womanly woman can thus unsex herself." He adds, "The female medical students will become a sort of genus, a distinctive class of women." Neither the public nor the overseers of Harvard College can in truth indorse the above sentiments, knowing, as they do, that for more than six years coeducation has been the practice as well as theory of Boston University, and with no derogation to the interests of the school; but on the contrary, with the result of establishing a higher standard of mental, moral, social, and medical education.

RESULTS OF IMAGINATION. — When Sir Humphrey Davy, then a young man unknown to fame, was employed by Dr. Beddoes to make observations with nitrous oxide, among the patients who presented themselves for treatment was a paralytic. Before commencing the inhalation of gas, Davy inserted a thermometer under the patient's tongue, to ascertain the influence of the gas on the temperature of the body. The patient, greatly impressed with the little instrument, declared, with much enthusiasm, that he felt the influence pervading his entire frame, and was already much relieved. Davy, observing the remarkable influence of hope and expectancy thus incited, did nothing more than gravely insert the thermometer day after day, with surprising results; for in a short time, a complete cure was effected. Had Davy administered the nitrous oxide, the case would have appeared in medical annals as a cure of paralysis by the gas.

HOSPITAL RESPONSIBILITY. — A young man whose fingers had been cut off by a circular saw, was taken to a Rhode Island charity hospital, where the excessive hemorrhage was controlled

by the use of the tourniquet, which, however, having been kept on seventeen hours, necessitated amputation of the arm at the shoulder. The patient, believing his loss to be the result of carelessness on the part of the physician, entered a suit against the hospital for malpractice. The court decided in favor of the defendant on the ground that a charity institution should not be held liable for unskilful treatment. The case was then taken to the Supreme Court, which decided that hospital corporations should be considered responsible for any lack of care in selecting skilful and competent men as internes.

JAMES AITKIN MEIGS, M. D. — From "The Boston Medical and Surgical Journal" we learn that at the time of his death, and for several years previous, Dr. Meigs was collecting the material for an extensive treatise on the subject of Woman's Place in History, in which he intended to show in what way the current of history, in numberless instances, had been changed and the course of its chief actors directed by the hidden influence of some member of the weaker sex. He held the opinion that the mind of woman was of a finer fibre, her intuitions more clear, her mental processes of a higher type than those of man; but that her weaker physical organization had kept her in the background, where her contribution to history has been generally overlooked in a mere record of events, except in some isolated cases.

THE total number of medical students in the metropolitan and provincial schools of Great Britain, in 1877, is officially reported as 2,333. In 1867 it was 1,382.

THE Paris hospitals number 15,345 beds. Hospice de la Salpetrière and Hospice de Becétre are the largest; the former having 3,731 beds, and the latter 2,334.

HONORARY DEGREES. — There are three hundred and twenty-six colleges in the United States, with power to confer the degree of M. D.; while in England only four universities are authorized to bestow such degrees.

SUBSTITUTE FOR COD-LIVER OIL. — Dr. Thomas A. Emmet, in his work on the "Principles and Practice of Gynecology," recommends the fat of pork as a substitute for cod-liver oil. It should be soaked in water thirty-six hours to free it of salt, and afterward boiled slowly until thoroughly cooked, changing the water often; then cut very thin and make into sandwiches. This can often be retained by irritable stomachs.

HOSPITAL AID. — The amount of contributions from private individuals and from the various Saturday and Sunday boxes in

New York for the week ending Dec. 27, 1879, was more than $9,000; this sum to be divided among the different hospitals. Boxes were placed each Saturday at the ferries, railroad stations, post-office, churches, several stores, restaurants, etc., and were marked "Hospital Box." Mrs. A. T. Stewart, W. H. Vanderbilt, Judge Hilton, Drexel, Morgan & Co., and New York Stock Exchange gave each $1,000.

A DISPUTED THEORY. — A famous hygienist, Dr. Polli of Milan, asserts that the practice of placing on the stove a pan of water, to purify the air by absorbing carbonic acid, is a dangerous one. Water, he says, does not absorb carbonic acid; but, on the contrary, adds to it by the decomposition of the carbonate of lime contained, more or less, in all drinkable water. The doctor affirms that the white incrustations found on the sides of the vessel are formed by the deposit of sub-carbonates and sulphates of limes, produced by the evaporation of the water, the principal part of the carbonic acid having been given off to the surrounding atmosphere. Dr. Polli's plan is to place upon the stove pans containing quicklime, which absorbs the carbonic acid in the air. This purifies the air, but makes it very dry, to obviate which vessels containing water should be placed about the room, but not exposed to the action of the fire.

A NEW WATER-PROOF PAPER. — "The Boston Medical and Surgical Journal" has a lengthy description of a new and cheap water-proof paper, which is likely to supersede all other articles for the same use in surgical dressings. This paper was made by order of Dr. Keen, of Philadelphia, and is coated with a combination of paraffine and rubber. It has been subjected to severe comparative tests, in competition with oiled silk, oiled muslin, paraffine paper, waxed paper, and gutta-percha tissue.

Dr. Keen claims that this water-proof paper is impermeable to water, after long exposure to heat, or after being crushed in the hand. It is also air-tight, does not absorb water or discharges, is strong, and the cost is much less than that of other similar dressings. This paper will prove valuable in all surgical dressings, and in the Lister method will be extremely economical, as a substitute for the Mackintosh cloth. Dr. Keen's account of his tests may be found in the "Philadelphia Medical and Surgical Reporter" for April 19, 1879. The price of this paper is $4.00 for a roll of one hundred yards. Messrs. Codman & Shurtleff have ordered a supply of it. The paraffine and waxed papers, to be found in the apothecary shops, must not be mistaken for this water-proof paper, compared with which they are worthless.

News and Personal Items.

Dr. O. W. Roberts has located at Ware, Mass.

Charles R Fletcher, S. B., lecturer on chemistry in B. U. S. M., is prepared to make chemical analyses of all kinds, and to investigate legal questions and manufacturing difficulties involving principles of chemistry. He is well posted in his profession.

Prof. Charles Gatchell has resigned his professorship at the University of Michigan, Ann Arbor, and has resumed practice at Milwaukee. His successor is Prof. T. P. Wilson, M. D., who takes the "Medical Advance" with him to Ann Arbor. This leaves a good opening for an oculist at Cincinnati.

The Homœopathic Mutual Life Insurance Company, New York, has made a new departure in arranging a plan for an insurance policy of $1000, at very low rates, hoping thereby to reach the large class who cannot afford to take a common policy. If you write to Dr. E. M. Kellogg, 257 Broadway, he will tell you all about it.

Newly Elected Officers for 1880.—*Milwaukee Academy of Medicine:* President, Samuel Potter; Vice-President, C. C. Olmstead; Secretary, Eugene F. Storke; Treasurer, Lewis Sherman. *Allegheny County Medical Society (Penn):* President, C. P. Seip; Vice-President, R. E. Caruthers; Treasurer, C. F. Bingamon; Secretary, T. M Strong.

The "Hahnemannian Monthly" will hereafter be published by the Hahnemann Club, of Philadelphia, with Drs. E. A. Farrington and Pemberton Dudley as editors, and Dr. B. W. James business manager. Messrs. Boericke & Tafel, late publishers, extend "sincere thanks to the former editor, Dr. Winslow, for his talents and energy in carrying on the journal." We are sorry to lose Dr. Winslow from the journalistic field, for he has made the "Hahnemannian" quite bright and interesting. We welcome the new editors with our best wishes.

The late Dr. Bartlett.—At a special meeting of the class of '77, Boston University School of Medicine, held in Boston on the 13th of December, 1879, the following resolutions were adopted:—

Whereas, In the Divine Providence our beloved classmate, W. R. Bartlett, M. D., has been taken from among us, and from the labors of the profession in which he so earnestly and faithfully engaged, therefore,

Resolved, That in him we have lost an honored friend and self-sacrificing co-worker.

Resolved, That we extend our heartfelt sympathy to his family in their bereavement.

Resolved, that a copy of these resolutions be forwarded to his family, to the New England Medical Gazette, and to the Boston daily papers.

We very much doubt whether any one who has ever held the position of surgeon-general of New York could show a brighter or more honored record than the one who now holds the office. Dr. Watson comes of an old and honored family. Five of his ancestors filled the gubernatorial chair of his native State (R. I.); he himself graduated with high honors at Brown University, and underwent a careful training in medicine at Hahnemann College and the University of Pennsylvania; and from the time of his first entering into practice has steadily grown in public esteem until now he occupies the well-earned position of one of the most successful practitioners in the State. Progressive and scientific medicine has had no warmer friend or more earnest advocate than Dr. Watson. He has been president of the Homœopathic State Society; trustee of the State Insane Asylum at Middletown, and was appointed United States Examining Pension Surgeon in 1875. He has received the honorary degree of Doctor of Medicine from the Regents of the University of the State of New York. Courteous and dignified in his deportment, of rare scientific abilities and high social position, he is eminently fitted by both education and talent for almost any position in the gift of the governor. In our estimation Dr. Watson, homœopath though he is, will confer quite as much honor upon the office of surgeon-general of the State as the office can possibly confer upon him.—*Hom. Times.*

THE

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EDITORIAL.

SHALL THE PRACTICE OF MEDICINE BE REGULATED?

THE Committee on Health of the Massachusetts Legislature, in six long hearings, has given a pretty good opportunity for the petitioners and remonstrants in the case of the new proposed Act to regulate the practice of medicine to present their views; and, as might have been expected, the opportunity has been well improved.

If all those persons in the community who favor the passage of *some* bill to suppress quackery were united on *this* bill, nothing would be easier than its passage. The opposition to any and every law for this purpose was confined naturally to the vampires who would inevitably be driven out of the State. What a collection of them there was in the Green-room at first, and afterwards in the large hall of the House of Representatives, to which an adjournment was necessary on account of the crowds! Medical blacklegs of all kinds: deceitful clairvoyants, long-haired spiritualists, necromancers, wizards, witches, seers, magnetic healers, pain charmers, big Indian and negro doctors, abortionists, harpies who excite the fears and prey on the "indiscretions" of the young of both sexes, who treat venereal diseases with the utmost secrecy and despatch, who have good facilities for providing comfortable board for females suffering from any irregularity or obstruction, who sell pills which they are very particular to caution women when pregnant against using; *et id genus omne.* Some of them looked sleek, well fed and prosperous; others seemed to have come from the very slums of destruction.

Most of them had a coarse, animal, degraded look, enough to send a chill through a person of fine sensibilities.

Do those who favor this bill favor it for the purpose of getting this class outside of the line of opposition, and then greedily gathering up the spoils wrenched away?

Not a bit of it. They know, if they are not fools, that if this bill should drive away this low class, their places would be immediately filled, and perhaps more than filled, with decent, educated physicians, whose competition would be full as much to contend with.

Ought this vile class of wretches to be allowed to prostitute the noble name and calling of "doctor," and to extort, by their evil devices, the hard-earned savings of the poor, or even the affluence of the ignorant, in return for which they may greatly endanger the health, or even lives, of their victims?

Those who favor the passage of some bill to suppress quackery are divided into several classes, the most prominent of which are the following: —

First, the incorporated New England Society of Specialists, the members of which, although most of them claim to be graduates of some respectable college, have not hitherto enjoyed a very enviable reputation in the profession, on account of flaming advertisements in the newspapers and on hand-bills, setting forth the ability of the advertiser to cure positively cancer, catarrh, etc. They, however, exclude from their society venereal specialists, and now demand a *bona fide* degree of candidates for admission. They promise to support the present bill if their present members are allowed a license without examination, being willing that any future applicants for admission shall come under the provisions of the law. They do not demand any representation on the examining board, as the three schools of which their society is composed are already represented there.

Next, the old Massachusetts Medical Society wants some kind of a law. Certain of its members are so thoroughly saturated with a detestation of that unmitigated humbug, homœopathy, that they would make almost any concession to the great adversary of mankind rather than recognize homœopathy to the extent of allowing one of its devotees to sit on the board. These self-conceited bigots, however, are, in our opinion, decreasing in

numbers. Another class, remembering the utter defeat a few years ago before our Legislature of a law containing measures discriminating against homœopathy, concede, as a matter of policy, a place to our school on the board, not from any particular affection for us, but because they do believe that there are worse evils in the medical community even than homœopathy. Therefore, after sugar-coating the pill they are willing to swallow it, although it sticks a little in the throat. They would on no account consult with a homœopathist, but would sit with him on an examining board as they would sit with him on a jury, if necessary, — as a public duty. Still another class (and we really think they are increasing, especially among the younger men), discerning the signs of the times, and endowed with a greater liberality, the natural offspring of a broader intellectual culture and a more thorough scientific development, have, we are glad to see, more of that becoming modesty which forbids their claiming to be "the salt of the earth." They are prepared to acknowledge the principles of homœopathy only to a certain extent, or perhaps not at all; but still they can respect an honest difference of opinion, they believe that many of the homœopathists are honest, are willing to grant them a representation on the board as a right, and even deprecate the existing hostilities between the schools, hoping for the time to come when educated physicians of all beliefs shall meet on the same plane, each, in the way best suited to him, endeavoring to promote the advancement of science and the healing art. All honor to such men.

Coming to our own school (and we recognize the same difference of opinion among the eclectics about the bill), we find two parties: one which is willing to accept the bill substantially as it is, and another which will be satisfied with nothing less than an equal representation of the three schools on the board. We all want some bill, and possibly there may be some slight differences of opinion in our ranks, as among the allopathists, as to its minor provisions; but no bill could suit everybody in every respect, and probably, all things considered, this, which has been drawn up with so much care, is as generally satisfying, on all other points than that of representation, as any bill could be. The equal representation party claim that in the board as now constituted in the bill, the homœopathists and eclectics would

stand a very poor chance against the overwhelming majority of the allopaths. The latter on the permanent board, they say, will have six men (seven, if the dentist, as is altogether probable, has allopathic prejudices), while the two smaller schools have only one each. The extra homœopathist belongs only to the first-appointed board. This majority, they think, cannot be trusted; it will discriminate against the weaker schools, and will eventually do its best to drive them out of existence. While acknowledging that there may possibly be some ground for this belief, the GAZETTE thinks it on the whole far better policy to support the bill substantially as it now reads. To be sure, if it were possible, we should *prefer* an equal representation; but with the state of feeling which we have described among the members of the Massachusetts Medical Society, for us to expect them to yield us this point would be sheer madness. They can barely be persuaded to grant us a representation proportionate to our numerical strength, which they say is the universal basis of representation in this thoroughly republican country. For our society, with a present membership of one hundred and seventy-five, and still more for the eclectic society, with a membership of only eighty, to demand an equal number on the board to examine the future members of their society, which has a present membership of over fourteen hundred, would seem to them cheeky in the extreme. If we are too greedy, and ask for more than we can have any reasonable chance of obtaining, we run a very great risk of getting nothing at all; and no law means a constant invasion of a perfect army of quacks. For the law in the Dominion of Canada drove many such into Vermont and New Hampshire, which in turn by legislation forced them over our border. Several other States have already got ahead of us, and others still are threatening to fall into line; so that for self-protection we shall finally have to enact a law, or else let the old Bay State become a perfect paradise for quacks.

If we only knew it, there are several advantages for us in the law as now proposed. The self-styled regulars have often pointed to those of our men who did not graduate from the same schools as themselves with the finger of scorn, and mocked their attainments. In the future, however, after this law gets into successful operation, this will be no longer possible; for our men, whether

they know any more medicine then than they now do or not, will be able to say to them, "Having passed the same examination, we stand on the same footing that you do."

Especially will this come with the more force if the majority of the board belong to an opposing school. Besides, to have even only one of our members on the board will establish the principle of recognition as effectually as if we had several, just as it did when Dr. Verdi was placed on the National Board of Health. The chief thing is this principle of recognition. By and by, when our numbers relatively increase, as they are bound to do, our representation will equal any. But our friends, who are so jealous of the interests of homœopathy, here cry out that with the board constituted as it now is on paper, our numbers will not increase; that a vigorous system of repression will be inaugurated by the majority. Nonsense: we have faith to believe that the majority, acting under oath, will not transcend their powers. With the eyes of the world on them, their office will partake somewhat of the judicial character; and as judges of the Supreme Court have preserved a reputation for impartiality in their decisions among Republicans and Democrats alike, so will these members feel constrained to act justly, whether it rubs against their prejudices or not. Is this, our confidence in their integrity, too childlike and bland? Possibly; but we are willing to risk it for a while with this reservation: that if, being warned by our one or two faithful sentinels on the board, we discover that the majority is being used unjustly for partisan ends, we shall rush into the arena of public opinion like angry lions tremendously aroused, to protect our rights. How well we can do this none know better than the majority, who do not need to be told that one of the greatest mistakes they ever made in their lives was a similar act of oppression, resulting in the expulsion of a dozen of us from the Massachusetts Medical Society, which expulsion built our elegant Homœopathic Hospital, and started our flourishing medical school. Indeed, perhaps some of us are even now hankering after a little more of this wholesome repression, and would welcome any such attempt as our worthy colleagues fear, as indeed the greatest godsend to us. Nothing would furnish us with more political capital. See, timid brethren, how idle are your fears. If their natural sense of honor, and the

feeling of confidecen reposed in them by the minority, and the judicial character of their office are of no avail in restraining the majority from acts of injustice, we have a sure safeguard in their motives of *policy*. They know, and are ready to confess, that we hold the balance of power, and need only to lift our hands to cause the immediate repeal of the bill.

Some among us prefer that provision of the New Hampshire law, which allows each of the State societies to act as censors over its own members and also over such outsiders as may choose to apply to it for license, every physician being obliged to receive a license from one or the other of the three societies. We object to this because it establishes at least three standards, and as many more as may from time to time be added by the formation of new societies. The same disastrous competition which has so fearfully lowered the requirements of some medical schools would operate here. The smaller societies would naturally be anxious to increase their membership to make a better showing, and the larger to preserve their numerical superiority. What fish could not escape through such nets the Lord only knows. We homœopathists do not want, nor should we even seem to want, to lower the standard of medical education one whit. We firmly believe that any graduate of our Boston University School of Medicine could pass any examination likely to be given by the examining board as now proposed. If our graduates cannot pass, then let us either improve the school or abolish it. We do not want to be disgraced by ignoramuses in our ranks. If we have any such, let us purge them out. They are no credit to us; they do us infinite harm. They are as a stench in our nostrils. Let us, then, support the main features in the bill, even if we desire to make alterations in its minor provisions.

A PROPOSED ACT TO REGULATE THE PRACTICE OF MEDICINE IN MASSACHUSETTS.

Be it enacted, etc.

SECT. 1. The governor, with the advice and consent of the council, shall appoint from the members of medical societies in the commonwealth now incorporated, with power to examine candidates for membership and to approve their members, eight

discreet persons, learned in the science of medicine and graduates of an approved medical institution, with one discreet practitioner of dentistry, as a board of Medical Registration: three of whom shall serve for one, three, and five years, respectively, as may be arranged by lot after their appointment. Vacancies occurring by expiration of the term of service of members shall be filled by the appointment of new members for the term of five years. The selection of members of said board from said societies shall be so made that the number of members of each society serving thereon shall be, as nearly as possible, proportional to the whole number of members of such society living in the commonwealth; provided, however, that there shall always be upon said board one practitioner of dentistry, and at least one member of each of said societies, so long as it has thirty or more members, and upon the board as first appointed an additional member from each society having one hundred and fifty members. Any member of the board may be removed at any time, for sufficient cause.

SECT. 2. The board may elect a president from their own number, and a secretary who may, but need not be, a member, and who shall receive for his services such portion of the fees collected by the board as they may determine. The necessary expenses of the board, and of the members while actually engaged in their official duties, shall be paid from the fees hereafter provided, and any surplus of fees not expended for the purposes above named shall be paid into the treasury of the commonwealth annually.

SECT. 3. The board shall meet at least twice at Boston, once at Worcester, and once at Springfield, in each year, for the examination of applicants as hereinafter provided; the first meeting at each place to be held within three months after their appointment. Notice of such meetings, specifying the purposes for which they are held, and containing a reference to this act, shall be published not less than three times in one newspaper in each county. At such meetings any applicant not less than twenty-one years of age, of good moral character, shall on payment of fifteen dollars therefor be examined by the board in such subjects as they may deem necessary, not including therapeutics; and any applicant who has studied medicine three full years and has received the degree of Doctor of Medicine, or a license to practise medicine, from an approved institution having power to grant the same, shall receive a license to practise medicine within the commonwealth, if found qualified therefor.

SECT. 4. Any person who at the time of the passage of this act is a member of any society described in Section 1, may practise medicine without further license so long as he remains

a member of either of said societies; and any person of good moral character who has received the degree of Doctor of Medicine, or a license to practise medicine, from an approved institution having power to grant the same, and who has practised medicine within the commonwealth for one year before the passage hereof, shall be entitled to a license to practise medicine, upon payment of two dollars therefor. The board shall also grant a license, without examination, to any person of good character and reputation who has practised medicine within the commonwealth for ten consecutive years, on payment of two dollars; and to any person of good character and reputation who has so practised for two consecutive years, and who is found qualified therefor after an examination in such subjects as are agreed upon by all the members of the board, on payment of fifteen dollars.

SECT. 5. A license may be granted, without examination, to any practitioner of medicine not residing in the commonwealth, of good character and reputation, who has received the degree or license mentioned in Section 3, on payment of two dollars, and a temporary license for a period not exceeding three months may be granted, without examination, to such person, on payment of two dollars. A temporary license to render gratuitous medical services under the direction of his instructor or superior officer, may be granted, without examination, to a student of any incorporated school of medicine in the commonwealth who has studied medicine not less than two years, or to a student of medicine or dentistry employed in a public hospital or dispensary, on payment of one dollar.

SECT. 6. A license to practise midwifery may be granted to any person not less than twenty-one years of age, of good character and reputation, who, on examination by the board, is found qualified therefor, on payment of five dollars.

SECT. 7. A license to practise dentistry shall be granted to any applicant not less than twenty-one years of age, of good moral character, who has studied medicine or dentistry three full years and has received the degree of Doctor of Medicine, Doctor of Dental Medicine or Doctor of Dental Surgery from an approved institution having power to confer the same, and who on examination by the board is found qualified therefor, on payment of fifteen dollars; and such license shall be granted to any person of good character and reputation practising dentistry in the commonwealth at the time of the passage hereof, on payment of two dollars.

SECT. 8. It shall be the duty of every applicant for a license hereunder to furnish to the board satisfactory evidence of his qualifications therefor or right thereto, as hereinbefore provided. The board may refuse a license to any person who has been

convicted of crime; and if any person holding a license shall be so convicted, or shall, in the unanimous judgment of the board, cease to be qualified therefor in accordance with the provisions hereof, such license may be revoked; and a license obtained by fraud or false representations shall be void.

The board shall on or before the first day of January of each year return to the Secretary of the Commonwealth the names of all persons licensed or authorized to practise medicine, dentistry, or midwifery.

SECT. 9. Nothing herein shall be construed to forbid the practice of medicine by medical officers in the service of the United States, the treatment of a ship's company by its surgeon, the rendering of medical services by a non-resident, duly authorized to practise medicine in the place where he resides, in any case wherein he is called into the commonwealth by any person residing therein for the purpose of rendering such services, nor the gratuitous rendering of medical services by any person in case of emergency; provided, that it shall not be necessary to negative these exceptions in any complaint or indictment hereunder. The word "medicine" herein shall be construed to include surgery and midwifery.

SECT. 10. No certificate of death shall be received or recorded by any town or city clerk or registrar, unless the same is signed by a person duly licensed or authorized to practise medicine, as herein provided.

SECT. 11. Any person who shall practise or shall in any manner publicly offer or advertise to practise medicine or dentistry within the commonwealth, without being duly licensed or authorized thereto, as herein provided, shall be punished by fine not exceeding five hundred dollars.

SECT. 12. For the purpose of the appointment of the Board of Medical Registration, and of all proceedings by them hereunder, this act shall take effect upon its passage, and shall take full effect on the first day of October next.

The following schedules were originally drawn up as an appendix to the proposed law. It was finally decided, however, not to include them, but to leave such matters of detail to the good sense of the Board: —

SCHEDULE A.

The societies mentioned in Section 1 are the Massachusetts Medical Society, the Massachusetts Homœopathic Medical Society, and the Massachusetts Eclectic Medical Society. Members of these societies at the time of the passage of this Act are considered as licensed already, are admitted to registration and entitled to practise.

The legally chartered Medical and Dental Schools of the United States of America. which are reputable and fairly strict in requirements and examinations, are: —

REGULAR.

Alabama: Medical College of Alabama; College of Medicine of Southern University. *Arkansas:* Arkansas Industrial University. *California:* Medical College of the Pacific (University College); Medical department, University of California. *Connecticut:* Medical Institution of Yale College. *Georgia:* Atlanta Medical College; Medical College of Georgia (University of Georgia); Savannah Medical College. *Illinois:* Chicago Medical College (Northwestern University); Rush Medical College; Woman's Hospital Medical College. *Indiana:* Medical College of Evansville; College of Physicians and Surgeons; Indiana Medical College; *Iowa:* Medical department of Iowa State University; College of Physicians and Surgeons. *Kentucky:* Hospital College of Medicine (Central University); Kentucky School of Medicine; Louisville Medical College; Medical department of the University of Louisville. *Louisiana:* Charity Hospital Medical College; Medical department of the University of Louisiana. *Maine:* Medical School of Maine (Bowdoin College); *Maryland:* College of Physicians and Surgeons; School of Medicine (University of Maryland). *Massachusetts:* Harvard Medical School (Harvard University). *Michigan:* Department of Medicine and Surgery (University of Michigan); Detroit Medical College. *Missouri:* Medical College (University of the State of Missouri). Kansas City College of Physicians and Surgeons; St. Joseph Hospital Medical College; Missouri Medical College; St Louis Medical College; *New Hampshire:* New Hampshire Medical Institution (Dartmouth College). *New York:* Albany Medical College (Union University); Medical department, University of Buffalo; Bellevue Hospital Medical College; College of Physicians and Surgeons (Columbia College); Long Island Hospital College; Medical department, University of the City of New York; Woman's Medical College of the New York Infirmary; Medical College of Syracuse University. *Ohio:* Cincinnati College of Medicine and Surgery; Medical College of Ohio; Miami Medical College; Cleveland Medical College (Western Reserve College); Medical department, Wooster University; Columbus Medical College; Starling Medical College. *Oregon:* Medical department, Willamette University. *Pennsylvania:* Jefferson Medical College; Medical department, University of Pennsylvania; Woman's Medical College of Pennsylvania. *South Carolina:* Medical College of the State of South Carolina. *Tennessee:* Medical department, Vanderbilt University; Medical department, University of Nashville; Nashville Medical College; Meharry Medical department of Central Tennessee University. *Texas:* Texas Medical College and Hospital. *Vermont:* Medical department, University of Vermont. *Virginia:* Medical College of Virginia; Medical School, University of Virginia. *Washington, D. C.:* Medical department, Georgetown University; Medical department, Howard University; National Medical College of the Columbian University.

ECLECTIC.

Illinois: Bennett Medical College. *Missouri:* American Medical College. *New York:* Eclectic Medical College of the City of New York; United States Medical College. *Ohio:* Eclectic Medical Institute.

HOMŒOPATHIC.

Illinois: Chicago Homœopathic College; Hahnemann Medical College. *Iowa:* Homœopathic Medical Department of the State University of Iowa. *Massachusetts:* Boston University School of Medicine. *Michigan:* Homœopathic Medical College (University of Michigan). *Missouri:* Homœopathic Medical College of Missouri. *New York:* New York Homœopathic Medical College; New York Medical College and Hospital for Women. *Ohio:* Pulte Medical College; Homœopathic Hospital College. *Pennsylvania:* Hahnemann Medical College of Philadelphia.

DENTAL.

Louisiana: New Orleans Dental College. *Maryland:* Baltimore College of Dental Surgery; Maryland Dental College. *Massachusetts:* Boston Dental College; Dental School of Harvard University. *Michigan:* Dental College of the University of Michigan. *Missouri:* Missouri Dental College. *New York:* New York College of

Dentistry. *Ohio:* Ohio College of Dental Surgery. *Pennsylvania:* Pennsylvania College of Dental Surgery; Philadelphia Dental College.

The State Board of Health of the State of Illinois has authority, after examination, to grant licenses to practise medicine to persons who have no diplomas of M. D.

SCHEDULE B.

UNIVERSITIES IN THE BRITISH EMPIRE WHICH GRANT DEGREE OF M. D.

England: Oxford, London, Durham, Cambridge. *Scotland:* Aberdeen, Edinburgh, Glasgow, St. Andrews. *Ireland:* Dublin, Queen's. *Province of Quebec:* Laval, McGill, Bishop's College, Victoria College. *Province of Ontario:* Toronto, Queen's University and College of Kingston, Victoria College, Trinity College. *Halifax, N. S.:* Dalhousie College and University.

INSTITUTIONS IN THE BRITISH EMPIRE GRANTING LICENSES TO PRACTISE MEDICINE AS FELLOW, MEMBER, LICENCIATE, OR EXTRA LICENCIATE.

Royal College of Physicians of London; Royal College of Surgeons of England; Society of Apothecaries, London; Royal College of Physicians of Edinburgh; Royal College of Surgeons of Edinburgh; Faculty of Physicians and Surgeons of Glasgow; Royal College of Surgeons in Ireland; Apothecaries' Hall, Dublin; King's and Queen's College of Physicians, Ireland; Royal College of Physicians and Surgeons, Kingston, Ontario; Toronto School of Medicine, Toronto; Trinity Medical School, Toronto; Halifax Medical College, Nova Scotia; Provincial Medical Board of Nova Scotia; College of Physicians and Surgeons of Ontario; College of Physicians and Surgeons of Quebec; Melbourne Medical College, Australia; Madras Medical College, India; Bareilly Medical School for Women, India.

The presence of a name in the British medical register, or in the medical registers of Ontario, Quebec, or Nova Scotia, is *prima facie* evidence that the person designated is properly licensed, after examination, to practise medicine.

At many of the following universities there are also State Examining Boards, which, after stringent examination, grant licenses to practise medicine. At every one of the universities in the German Empire, there is such a Board, appointed by the State in which such university is situated: —

Austria: Cracow, Gratz, Pesth, Innsbruck, Prague, Vienna. *Switzerland:* Basle, Berne, Geneva, Zurich. *France:* University of France, Grenoble, Montpellier. *Russia:* Dorpat, Helsingfors, Kharkoff, Kiel, Moscow, St. Petersburg, Warsaw, Wilna. *Germany:* Berlin, Bonn, Breslau, Erlangen, Freiburg, Giessen, Göttingen, Greifswald, Halle, Heidelberg, Jena, Kiel, Königsberg, Leipsic, Marburg, Munich, Münster, Rostock, Strasburg, Tübingen, Würtzburg. *Italy:* Bologna, Cagliari, Cantania, Genoa, Macerata, Messina, Modena, Naples, Padua, Palermo, Parma, Pavia, Pisa, Rome, Sassari, Siena, Turin. *Spain:* Havana (Cuba), Madrid, Oviedo, Salamanca, Santiago, Seville, Toledo, Valencia, Valladolid. *Portugal:* Coimbra, Lisbon. *Belgium:* Brussels, Ghent, Liège, Louvain. *Holland:* Groningen, Leyden, Utrecht. *Sweden:* Lund, Upsala. *Denmark:* Copenhagen. *Greece:* Athens. *Mexico:* Mexico. *New Grenada:* Bogota. *Brazil:* Rio Janeiro. *Peru:* Lima. *Argentine Confederation:* Buenos Ayres. *Japan:* Medical College of Tokio. *Turkey:* Medical College of Constantinople.

DIPHTHERIA.

BY Z. T. MILLER, M. D., PITTSBURG, PENN.

[*Read before the Homœopathic Medical Society of Allegheny Co., Penn.*]

I DO not claim to be able to sustain every position I have taken in this instance. My object is to bring the subject before this

society, and if considered of sufficient importance, to have a full and free discussion. Our medical literature does not give sufficient attention to this very formidable destroyer. I desire to note the views of the various members, and hope that rules will be suggested and not exceptions.

In the early state of this trouble it is not easy to declare positively whether diphtheria is before us or not. Fever, pulse rapid and jerking, moisture of skin, slight fetor of breath, red and inflamed tonsils, coated tongue, slight ptyalism, suffused eyes, are symptoms which precede the more severe features of the disease. Yet the same symptoms precede an ulcerated condition of the tonsils, and, indeed, tonsilitis. Nor is great prostration an absolute indication. I have seen the most malignant diphtheria when there was no prostration whatever until several hours preceding death, when a stupid and comatose condition ensued. The pains in the back, head, and limbs are present in rheumatic sore throat as well as in diphtheria, but these symptoms cannot be relied upon as throwing much light upon diagnosis, for the great majority of patients are too young to give them. Is there any one unmistakable sign early in the disease which enables us to say that this is or is not diphtheria? I ask the question for the purpose of obtaining information.

Prior to the development of the actual membrane, I fail to discover any such sign. I hold it well to ascertain as early as possible whether there is or is not a destructive process going on in the tonsil. If there is, or in other words, if the process observed is destroying the mucous membrane, and seems to be progressing from without inward, then the disease is not likely to be diphtheria, but ulceration of the tonsil. Upon the other hand, if the process is building upon a mucous membrane whose integrity is yet intact, then diphtheria is almost certain to be present. If, as sometimes happens, the membrane makes its first appearance in the nose or larynx, we are deprived of this diagnostic point.

I look upon a continuous fever with a dry skin as a favorable sign in this disease. It indicates that the reactive forces of nature are at work. A cool, moist skin, with sweat in beads upon the upper lip, about the nose, and on the forehead portends no good; the organism is overwhelmed. Active ptyalism is a better sign than absence of salivary secretion. In the latter instance excessive glandular enlargement about the neck is apt to prevail, and the tongue and membranes upon the throat to be stiff and dry.

If the membranes cover the entire throat and the glands about the neck are much enlarged, and the patient does not succumb, but the throat cleans off rapidly and the swelling diminishes speedily, paralysis of the heart is greatly to be feared. The

pulse cannot be too carefully watched. Particularly may a fatal case be expected if the patient grows weaker and weaker and the pulse intermits.

But if the throat has been well covered, the glandular enlargement great, the membranes persistent in their attachment to the mucous surface, and convalescence progresses slowly, paralysis is not so much to be feared, and the child will make a good recovery.

The remedies we have for this disease are few, because there is considerable uniformity of symptoms, and these are usually of the objective type. *Belladonna* is probably the first remedy prescribed if we see the case early. Fever, flushed face with moisture on the forehead, rapid, quick pulse, nervous twitching, coated tongue, redness of the fauces, tonsils large and red, rapidly forming ulcers. *Belladonna* would complete the cure in many of our cases of sore throat if persisted in, where *Mercury* is often given in alternation or succeeds it in twenty-four hours.

We give the *Cyanide of Mercury* because Villers gave it, but unlike Villers, who specifically commands that it be given in the thirtieth dilution, we use the sixth trituration, and I fear our patients sometimes suffer from our disregard of the injunction. When improvement is going to follow the admistration of the cyanide, we do not have to persevere long; if some change for the better is not noticed in twenty-four or thirty-six hours, the prescription should be changed. It is not a little gratifying to see the very speedy good results following its use, when we strike it right.

I question whether the *Iodide of Mercury* is a remedy in genuine diphtheria. It certainly cures where there is great aching all over, chilliness, headache, sore, dark-red throat with ulcers; or what is sometimes called rheumatic sore throat. The appearance of the throat is quite different from diphtheria, the surface of the tonsil rough, the sulci covered with a yellowish matter. A throat that my worthy preceptor would call diphtheroid.

Lycop. The indication going from right to left will hardly be sufficient to exhibit this drug. The same may be said of *Lach.* The leading symptom indicating *Lach.* — pain out of all proportion to the amount of disease present — is a condition I have never met in genuine diphtheria, the very opposite condition frequently ensuing. Throat nearly closed, glands and cellular tissue about the neck enormously swollen, and no pain. This state of affairs points to *Apis*, according to the books, but I doubt whether *Apis* is equal to the emergency; the sting of death is probably more potent.

We are told that *Lachesis* suits the condition of blood-poisoning which is said to obtain in diphtheria. Now is not this a feature of the disease that is debatable? If the vital fluid is viti-

ated, what are the symptoms indicating it? There is certainly an absence of those low typhoid conditions that are attributed to blood-poisoning in many other diseases. The low, muttering delirium or crazy raving are not present in diphtheria, but on the contrary, the patient's intellect remains clear to the last. Does it not seem probable that the producing agent, whatever that may be, expends its force, so far at least as the nervous system is concerned, upon the medulla oblongata? Vegetative life seems to be at a standstill, animal life sorely depressed as evidenced by the paralytic symptoms ensuing. I have never seen paralysis of any nerve whose origin is before the posterior border of the Pons Varolii. The eighth pair bears the principal burden. This pair comprises the glosso-pharyngeal, pneumogastric, and spinal accessory. It supplies the pharynx, œsophagus, stomach, and heart with motor influence, and as these are the structures affected, we are probably justified in concluding the medulla to be the seat of trouble. The superficial origin of this nerve is the lateral tract behind the olivary bodies, the deep origin the floor of the fourth ventricle. This digression leads me into a speculative field that I am hardly competent to pursue. With your indulgence, I will proceed with the treatment.

Nitric Acid rescues cases when the *Cyanide of Mercury* fails. The indications given for it: Profuse acrid discharge from the nose, muco-purulent, excessive salivation, and painful swallowing, great uneasiness, etc., are conditions the acid seems to control very well. The acid should not be given at the second or third dilution longer than forty-eight hours, after which, if the remedy is continued, a higher potency should be used. It is not indicated early in the disease.

I believe that *Kali Bichromicum* with *Nitric Acid* and *Belladonna* are our best remedies. A puffy, swollen, dusky appearance of the pillars of the fauces, the tonsils and posterior wall of the pharynx, with patches of membrane upon the tonsils that are like a piece of white kid pasted there, are good indications for the *Kali Bichromicum.* The dark, swollen membrane and the white patch upon it make a great contrast If *Kali* should fail to arrest this condition, *Nitric Acid* will likely be indicated. After the acid has subdued the violent symptoms of coryza, etc., and the throat returns to a condition similar to the above, small portions of membrane still adhering, then *Kali Bichromicum*[30] or [200] may be given again, or perhaps *Hepar Sulphur.*

For the paralysis following, *Gels.*[3d] has seemed to help when the muscles of deglutition and limbs were affected. When paralysis of the heart threatened, pulse feeble, intermittent, skin moist, cool, child peevish, great anguish, restlessness, the undertaker has invariably succeeded me. *Lach., Naja, Gels., Nux Vom.* and whiskey have been used.

As for alcohol, one teaspoonful of whiskey to the cup of sweet milk, taken as often as child will consent, is as freely as I have stimulated. I also use the spray, one part alcohol to two parts water. If the nose runs much, I spray the cavity as freely as possible. When thrown into the throat, it facilitates the expectoration of loosened portions of membrane and mucus.

Contagion. — "Capable of being transmitted by mediate or immediate contact, communicable," so says Richard J. Dunglison.

I venture the opinion that diphtheria is not a contagious disease. That several members of one family may suffer from it is no evidence that it is catching. They have all been subject to the same influence, and that which caused it in one causes it in another. The disease-producing agent is only one factor in the case, the susceptibility of the patient is another. It is true that no matter how susceptible he may be, if the producing agent were not present we would certainly not have diphtheria, neither would we have it if there were no susceptible persons. Bad air and diet, uncleanliness, scrofulosis, and syphilis increase the susceptibility, and just in proportion to the amount of physical instability do we have mild or severe cases. A perfectly healthy child will escape the disease. On two occasions, I contracted sore throat while attending very bad cases. I am certain that I had no diphtheria notwithstanding my headache, backache, legache, and very sore throat. The mother of one of these children also had sore throat, a patch of membrane on the left tonsil, painful swallowing, aching, etc. I gave *Lachesis*[30] some days to no purpose. I tried to swab it off, but with no effect; *Sulphur*, ditto; continued *Lachesis* because more *Lachesis* symptoms developed. I feel certain now that I was making the case, for she did not get rid of the sense of constriction about the throat for several months. Had I given *Kali.Bichromicum* instead, I believe the membrane would have speedily disappeared.

DISCUSSION.

(Reported by T. M. Strong, M. D., Secretary.)

Dr. Rankin. — I have great faith in *Kali bi.* I have not tried *nitric acid* in genuine diphtheria. The doctor related a case where the membrane appeared first in the nose, succeeded by hemorrhage from the nose and swellings of the tonsils, which were covered with membrane. *Kali bi.* gave relief.

Dr. Caruthers. — The range of remedies is not very great. I generally use *Kali bi.* and *Merc. prot.* low; occasionally, *Nitric acid.*

Dr. McClelland. — The observations of the essayist in regard to the value of symptoms correspond with my own

experience. Where there is a great deal of ptyalism, the case is milder than where the secretion is scanty. Where there is a tendency of the glands to fail, I give *Arsen. jod.* which seems to enable the system to react and bring about secretion. In these cases there are glandular enlargements. *Nitric ac.* has rendered me good service. *Merc. prot.* ought to be a good remedy; it is indicated in the aching and depression, with pronounced swelling of the glands. The membrane is not so well organized as in *Kali bi.* In regard to the infectiousness of diphtheria, I think it is contagious. At least, if there is a doubt in the matter, it is the safest side to be on. One point in favor of this idea is, that the disease will affect nearly all the members of the family; on the other hand, it may be said that they are simply exposed to the same morbid influence. Of course we must have two factors, the disease must be present and the patient must be susceptible to it. The disease, I have no doubt, is extended by the careless handling of the clothes, vessels for gargling, and other articles used about the patient. The fact that other persons coming in contact with the disease will often have a sore throat, is another evidence of its contagiousness. I have suffered from the disease myself, in this way. Taking the ground that the disease is contagious, we shall be more particular in sending children away from the house where a malignant case is present, and more careful in the handling of the secretions.

DR. BURGHER. — If the disease is contagious, can the patient have the disease the second time?

DR. MCCLELLAND. — Yes, sir. I think, however, that this disease, like other contagious diseases, may protect from a second attack; yet like them it does repeat itself.

DR. RANKIN. — What is the duration of the stage of incubation after exposure?

DR. MCCLELLAND. — It undoubtedly varies. In some cases it will be apparently two or three weeks. In a family several days will elapse between the attacks in the different members of it. There are degrees of contagion; some diseases are more contagious than others. Where persons are rigidly excluded, they do not take diphtheria.

DR. PUTNAM. — In a family in Cleveland three children were seized with diphtheria almost simultaneously, while there was no other case anywhere about. The remainder of the family were removed immediately, and escaped infection. Can we have true diphtheria without a throat manifestation? Could the disease be so extensive in the system without appearing in the throat?

DR. MILLER. — I saw one case where you could not detect any membrane or any inflammatory action in the throat. No discharge from the nose. Diphtheria was diagnosed from the

fact that paralysis followed. A short time afterwards the child died very suddenly as if choked to death.

DR. WINSLOW. — Writers are agreed that there can be diphtheria without throat manifestations. Great weakness and prostration are very diagnostic. In these doubtful cases, to determine the question, they make a blister on the skin and on the denuded surface a membrane is formed. The cases without local trouble are generally followed by alarming symptoms.

DR. BURGHER. — This disease is a constitutional one. The urine generally contains albumen. In scarlatina you have albumen after the eruption appears, perhaps not till desquamation has set in. In diphtheria it is an accompaniment. I think *Arsen. jod.* and *Merc. jod.* are both serviceable. In some cases, I use *Apis*, *Kali bi.*, *Nitric ac.*, *Phyt.* I avoid gargling, for I think in the majority of cases it causes more irritation than it allays. If the disease is liable to be spread by the want of care of the utensils in use, it is another reason for it. I use alcohol and water, or glycerine and water equal parts, held in the mouth and repeated as often as necessary. If any of the substance is swallowed it does not matter.

DR. MILLER. — I think the gargle, or in the case of small children who cannot gargle, the spray is of service. Mucus, which seems to be choking the child, is removed by it, the irritation is quieted, and the child falls asleep.

DR. MCCLELLAND. — I use the gargle whenever it is possible. I use hot water with a small amount of salt. It reduces the congestion in the throat.

DR. CHILDS. — I would ask if any of the physicians have used hypodermic injections of alcohol, wine, etc., in those cases where the prostration is great and the patient cannot or will not swallow. In one case reported to me, the attending physician thought he had obtained good results from its use, while treating a child. I have a patient who has had the disease several times. Every cold that he has and does not give attention to, will develop membranes in the throat in less than a week. Is not the throat left more tender after diphtheria than after any other disease of this organ?

DR. HOFMANN. — I have seen cases where such injections might have been of service. The children died from inanition, being unable to swallow.

DR. MCCLELLAND. — I am told that at the hospital at Ward's Island, when the patients are in a sinking condition, alcoholic injections will revive them almost immediately. They are frequently repeated, if found necessary.

DR. HOFMANN. — In most cases there must be some local manifestations in the throat, or we do not know what is the

trouble. After the application of fly blisters, I think there would be an exudation of albumen and an appearance of membrane, whether diphtheria was present or not.

DR. WOODS. — I have never seen a patient die from diphtheria who did not have extreme prostration in the beginning. I think that *Merc. prot.* is better indicated than *Kali bi.* In the latter there is generally a deep pitting ulcer, and when the membrane is peeled off, it takes away structure.

DR. EDMUNDSON. — Diphtheria can be present and not show itself in the throat. I had two patients lately in a neighborhood where diphtheria was prevailing, who had all the symptoms complained of by others who were sick at the same time, and yet no membrane appeared in the throat. I do not see why they were not cases of diphtheria.

THE LYING-IN HOSPITAL OF VIENNA.

BY S. IDA DUDLEY, M. D., BOSTON.

THROUGHOUT the Continent of Europe a case of confinement is attended by a midwife, who also remains as nurse, and only in abnormal cases is a physician called. Women who are to serve in this capacity must be specially educated for it, not only that they may be able to carry on a normal case successfully, but also, that they may know when the attendance of a physician is necessary.

The lying-in hospital of Vienna is a department of the general hospital of that city, and is in three divisions. The first, under Professor Carl Braun, is frequented by physicians who go to Vienna to study; the second, under Professor Spaeth, is attended by the university students; and the third is entirely devoted to the instruction of midwives. It is a description of this last division which this article attempts.

More than ten thousand births annually take place in this lying-in hospital, making about thirty-five hundred to each division. The patients, with some exceptions, do not apply for admission until labor has set in. They are sent from the general office to the division then receiving, the arrangement being that from eight o'clock in the morning to eight at night, all go to the first division; from eight o'clock at night to eight the next morning, to the second division; from eight that morning to eight at night, to the third. Thus each division has a day or night reception of twelve hours followed by an interval of twenty-four hours. The course for midwives lasts five months, and is attended by from forty to sixty women. They must bring certificates of

baptism, of character, and if married, one to that effect also, and must read, write, and cipher before the professor. We Americans presented our diplomas for the first two and last requirements.

Five mornings in the week there is a lecture on obstetrics, including some anatomy. Every two weeks the professor holds an oral examination on the topics last treated, and requires also a written exercise. At the end of the five months a complete examination is held, when each candidate must have had the personal care of at least fifteen births, and must present a description of an imaginary case of confinement. Then on the payment of fourteen dollars she receives a certificate.

Twenty-one students go into the hospital at a time, remaining there night and day for one week. Every morning at six o'clock, they must wash and dress from sixty to seventy-five children, and at two o'clock, dress the cord of those cases where it still remains.

Each birth must be attended by two midwives, one as *fuss frau* (foot woman), who, sitting on the bed (which is always a single one) during the birth, holds up the right leg of the patient, and afterwards washes, weighs, measures, and dresses the baby. The second midwife is called the *stütz frau* (supporting woman), as she supports the perineum. She has the real charge of the case, making the examinations, delivering the woman, and sitting by her for three hours afterwards, grasping from time to time the fundus of the uterus through the abodomen to prevent it from growing flaccid and hemorrhage following.

Every day at eight o'clock in the morning, three midwives are put on as journalists for a period of twenty-four hours. Two have general work to do, and are allowed to examine the cases in the rooms. The head journalist has charge of the journal and of the business of the day, and as the patients come in she assigns to each a bed, and takes her temperature. She also writes on a tablet next the bed the age of the patient, number of children she has borne, the date of her last menstruation, the time when confinement is due, the position and presentation of the fœtus after palpation, auscultation, and internal examination. When the os is five centimetres wide the journalist places on duty the two midwives whose turn it is to attend the case, and after delivery she fills out the journal as follows:—

Date of admission; name; age; married or single; religion; birthplace; residence; employment; first menstruation; date of last menstruation; end of pregnancy (when due); condition of pregnancy; number of children born; position and presentation of fœtus; where the heart sounds are heard; time of first pain; time of rupture of the membranes; time of delivery of child;

time of delivery of placenta; sex of child; ripe or unripe; its weight and measure; the names of the attending midwives and of the journalist.

If there is anything abnormal in the case, a note of it is added by the assistant physician, who looks over the report the next day. Two permanent nurses have the charge of the labor chambers, each twenty-four hours in turn. They wait on the physicians and professor, take care of the sheets, see that a plenty are kept warm in the ovens, and that the soiled ones are sent to the wash every day, between one hundred and fifty to two hundred being in daily use. Over these nurses is the head midwife, who lives all the time in the hospital. She has charge of the lying-in and pregnant patients as well as of the labor chambers.

If a perineum is in danger of being ruptured, the journalist informs the head nurse, and if she cannot help, the head midwife, Frau More, is sent for. She is very skilful and can guide a head safely, if it can be done at all; but if incisions are necessary, she must call one of the doctors. This aroused the indignation of us Americans: here was a woman who had had the charge of more than thirty thousand births, but who may not perform a simple operation to save the perineum, because the law of Austria forbids a woman born in her dominions to handle an instrument in midwifery. Frau More also decides when the use of the forceps is necessary, and in the case of a breech presentation, when extraction must be performed.

There are two assistants, who reside in the hospital; they go through all the wards twice each day, and again with Frau More and the professor before his lecture. In the labor chamber, they (the assistants) examine the patients, and the midwife on duty or the journalist must make her report, when they confirm or correct her statements.

Every afternoon women who are pregnant come to be examined for admission into the hospital. Thus every third day each division has what is called its reception day. If these women are within six weeks or two months of confinement, they are taken into the wards and do the work of the hospital. At the examination, each midwife examines a patient externally for position and presentation; then the assistant having examined internally, the midwife is allowed to do the same, provided the woman is to be taken into the wards.

Four of us American women entered the hospital together, and being graduated doctors, were allowed many privileges. We were always head journalists during our week of service, and were allowed night receptions, thereby having more cases to look out for. Every morning, whether during our hospital week

or not, we made the rounds of the labor chambers with the professor, who allowed us to examine interesting cases. We had rooms near the hospital, and whenever there was to be a forceps case, one of turning, or an abnormal presentation, the head nurse sent for us. We were allowed to make incisions of the perineum, put on seraphines, give hypodermic injections, and to use the forceps, having of course had in the previous term a practical course of instruction on the cadaver. We were even so fortunate as to see a case of twin pregnancy in a double uterus where the septum extended to the orifice of the vagina.

In connection with this great hospital is a foundling house, where women who wish to get places as wet-nurses go, taking their own children, and where are sent all the children from the lying-in hospital whom the mothers do not wish to keep. This asylum accommodates from two to three hundred women, and from four to six hundred children. At the end of four months, the latter are given out to peasant women, who are paid three dollars a month for each child. The government supports these foundlings till they are sixteen years old, when the boys serve in some capacity in the army, and the girls are put into families as servants.

All vaccination in Vienna is done with human virus, which is taken from these foundlings. Professor Friedringer, who is in charge there, said with pride, "This virus is a hundred years old, yet still is efficacious."

RETRO-PHARYNGEAL ABSCESS.

BY WM. VON GOTTSCHALK, M. D., PROVIDENCE, R. I.

(*Read before the Rhode Island Homœopathic Medical Society.*)

THE latter part of September I was called to see a child, then three and one half months old, which, a month earlier, I had attended for cholera infantum, from which she had a complete recovery. I found the child with head thrown back, in evident distress for want of breath. She would breath normally two or three times in succession, and then for some fifteen or twenty seconds she would seem to stifle. There was no cyanosis; deglutition at times was very difficult, at other times easier; she coughed occasionally with a husky and sometimes a croupy ring; her pulse was about one hundred and twenty; discharges from bladder and bowels normal; skin very pale. Physical exploration of the chest showed no disease of lungs or bronchi. The tongue was firmly held against the roof of the mouth. Inspection of the mouth and pharynx was very difficult; I could not see farther

than to the fauces and uvula, both being in normal condition. *The lips were constantly covered with a white, glutinous froth.* No swelling around the neck. After three weeks of struggle the child died from asphyxia. An autopsy was made thirty-six hours after death, by Dr. I. W. Bradbury. The glottis, larynx, and trachea were in normal condition, only somewhat anæmic, but on removing these organs, from two to three ounces of pus discharged from the left posterior part of the pharynx, proving thereby that the child had died from an idiopathic retro-pharyngeal abscess. This abscess had passed up behind the œsophagus and pharynx to the base of the skull.

Comparatively speaking, retro-pharyngeal abscess is not very common. In my own practice during the past thirty years, I have met with only one other case, and that in a man about thirty years of age, who recovered after lancing the abscess. Chassaignac and Valin ("Des Abcès Retropharyngiens Idiopathiques," *Moniteur des Sciences Med. et Pharmaceut*, No. 14) state the contrary, saying that frequently it is mistaken for croup or œdema glottidis, and that the diagnosis rests herein; that exacerbations appear only in croup, whereas an increase of difficulty in respiration by pressure on the larynx appears only in retro-pharyngeal abscess. In *Canstatt's Jahresbericht* of 1860, 1–3, I find two cases reported by Dr. J. Bierbaum, one of which I will give here: A woman about thirty-six years old, mother of several children, had suffered about a week from pains in the throat and difficulty in deglutition. When first seen by the doctor, her face was sunken and the whole right side of the neck swollen hard and painful. The entrance into the pharnyx was free; neither the left nor the right tonsil was swollen or inflamed, but the uvula was somewhat swollen. The mucous membrane of the pharynx showed nowhere pseudo-membrane, but was of a dark-red color. On the right side of the pharynx was a large swelling, not yet fluctuating. The voice was husky, dyspnœa was great and continued, while lying or sitting; deglutition was difficult with attacks of suffocation; temperature of the skin was low, the pulse irritable and threadlike. The following day the abscess spontaneously discharged a great quantity of fetid pus. The patient felt somewhat easier, but not as much as was expected. The dysphagia, dyspnœa, and the attacks of suffocation continued until death relieved her, four days later.

The other case was that of a young man eighteen years of age. The course of the malady was very similar to the above, and also ended in death.

Dr. Bierbaum considers the diagnosis of this disease very difficult in children. As an important symptom he signifies *a coryza without proof of inflammatiou of the mucous membrane*, difficulty of

deglutition, regurgitation of food, dyspnœa, attacks of suffocation, laryngo-tracheal whistling, more or less stiffness of the neck, and painful sensation caused by pressure upon the larynx. Swellings of the neck are sometimes present and sometimes not. In little children it is frequently ushered in by eclampsia. He considers the whole process as a phlegmonous inflammation of the cellular tissue, which lies directly behind the pharynx and the œsophagus.

Dr. Charles West, in his lectures on the diseases of infancy and childhood, gives as characteristic indications of retro-pharyngeal abscess, difficulty in swallowing and in breathing, often accompanied with a peculiar sound in respiration, though not with the stridor of croupy breathing nor the loud clangor of croupy cough and frothing at the mouth. These symptoms are aggravated in the recumbent posture, any attempt to assume which is followed by immediate threatening of suffocation, though in spite of this the affection often continues with unabated severity, but yet without destroying life, for several days together, and presents in this respect a very important difference from the course of croup. Moreover, a remarkable stiffness of the neck, and retraction with immobility of the head, are present in many instances, while, though the glands are not enlarged, there is often a distinct swelling of the lateral parts of the neck, which is frequently more apparent on one than on the other side. He reports having had only two cases in his practice, one a girl five and one half years old, who was attacked by mild scarlatina on Jan. 24, during the course of which no remarkable symptom presented itself, but on its decline the child complained much of her mouth, frequently putting her hand to it, and refused all except liquid food, on account of its hurting her. On looking into her throat, however, neither redness nor swelling was perceptible. About Feb. 7, swelling appeared near each angle of the lower jaw, but rather lower down than in the situation of the parotid gland. The swelling on the left side subsided, on the application of a few leeches, but that on the right side increased, and at the same time the difficulty in deglutition became more distressing. By Feb. 13 the dysphagia had become very much increased; the child could swallow only by gulps, and at each effort she was greatly distressed for breath, though at other times she lay in a half-conscious state with labored respiration and frothing slightly at the mouth. On the 16th the child was still worse. Her respiration was very difficult, though not attended by the violent struggle for breath which is so often observed in cases of croup. A dirty yellowish puriform matter, rendered frothy by air, now collected as a sort of foam at her mouth, and deglutition almost choked her, but still there was

no swelling of the tonsils, and the swelling of the side of the neck was so tense that I did not think it possible for matter to be anywhere near the surface. On the following day she died, apparently as much from exhaustion as from asphyxia, it having been impossible for some days to give her more than a very small quantity of nourishment. Immediately on dividing the cervical fascia on the right side, a quantity of thick yellow pus poured out. This matter had burrowed close to the œsophagus to within little more than an inch of the clavicle. The tonsils were not enlarged and the glottis was neither red nor swollen, but quite natural.

Dr. West then states another case of a boy eight months old, who got well after the abscess was lanced.

In 1840 Dr. Fleming, of Dublin,* called attention to the occasional occurrence of abscess behind the pharynx. Isolated cases had indeed fallen under the notice of previous observers, but by none, with the exception of Dr. Abercrombie,† had they been made the subject of special remark. M. Mondieu in "L'Experience," Jan. 20, 27, and Février 3, 1842, reports eighteen cases, and M. Duparcque in "Annales d'Obstétrique," December, 1842 (p. 242), thirty cases. Dr. Allin, an American physician, in the "New York Journal of Medicine," Vol. VII., November, 1851, p. 307, reports fifty-eight cases, one third of which belong to childhood.

An interesting article on the subject I found in the "Boston Medical and Surgical Journal," Vol. XCVI., 1877, p. 133, by Dr. D. H. Hayden, translated from the "Jahrbuch für Kinderheilkunde," N. I. Band, Heft 1–2, Aug. 15, 1876 (article by Dr. Joh. Bokai, Professor of Diseases of Children in Pesth). The author regards the origin of these abscesses as always an inflammation of a retro-pharyngeal gland, differing thereby from the view previously held by authors, viz., that they were the result of inflammation of the mucous membrane. One hundred and forty-four cases are reported and classified as follows: one hundred and twenty-nine idiopathic retro-pharyngeal abscesses; three secondary retro-pharyngeal abscesses, resulting from the sinking of pus from abscesses of the neck; four secondary retro-pharyngeal abscesses, occurring in the course of spondylitis cervicalis; seven retro-pharyngeal abscesses in the course of scarlatina; one traumatic retro-pharyngeal abscess, caused by a foreign body.

In Ziemssen's "Cyclopædia," under Scarlet Fever, by Dr. Thomas, page 217. — "In like manner the retro-pharyngeal and laryngeal cellular tissue swells, and then causes respiratory dis-

* Dublin Journal of Medical Science, Vol. XVII. p. 41.
† Edinburgh Medical and Surgical Journal, Vol. XV., 1819, p. 260.

turbances, similar to those of œdema glottidis, and impossibility of deglutition. . . . Furthermore, there may be retro-pharyngeal abscesses, abscesses in the neck," etc.

In "Prosch und Ploss' Med. und Surg. Encyklopädie," 1854, Vol. II. page 310, in article "Laryngitis," by Dr. Mann, he says on retro-pharyngeal abscesses: "A mistake with croup is not rare; such abscesses produce symptoms very similar to croup. In all doubtful cases make a thorough examination of the pharynx. On the posterior wall of the pharynx you will see and feel a more or less tough, sometimes fluctuating swelling. Such abscesses are very often a sequel to scarlatina, and result from inflammation and suppuration of retro-pharyngeal glands."

I have presented this case of idiopathic retro-pharyngeal abscess, on account of its rarity and with the object of increasing the vigilance of practitioners in regard to its occurrence, and particularly so on account of the presence of scarlet fever and diphtheria, of which it very often forms a secondary affection.

RHODE ISLAND HOMŒOPATHIC MEDICAL SOCIETY.

REPORTED BY GEO. B. PECK, M. D., SECRETARY.

A QUARTERLY meeting of this society was held at the residence of Dr. T. H. Mann, in Woonsocket, on Friday afternoon, Oct. 31, 1879, at 3 o'clock. The different sections of the State were well represented. Drs. H. W. Rose, of Westerly, and H. A. Whitmarsh, of Watchemoket, were elected to membership.

Dr. E. D. L. Parker, of Pawtucket, read a brief paper on otorrhœa, enforcing the importance of specular examinations by cases from practice. The secretary read an interesting letter from Dr. O. P. Baer, of Richmond, Ind, received in answer to a postal circular, issued with a view of ascertaining the experience of the homœopathic profession with placenta prævia. He reported in detail eleven cases, four of which were complete. Although in one instance he found triplets, in another twins, and in a third was compelled to induce labor between the seventh and eighth months, he did not lose a single mother or child.

Dr. Sawin inquired how Dr. Baer perforated the placenta. The language employed seemed to indicate perfect feasibility, but experiment led him to believe that frequently operators imagined they had performed this operation when actually the hand had slipped to the edge and simply ruptured the membranes; that the exhibition of sufficient force to perforate would generally cause detachment.

Dr. Mann considered Dr. Baer's success remarkable. He gave his own experience with this complication, as did also Drs. Tal-

bot, Budlong, Parker, and Sawin. Out of some dozen cases thus reported, but one mother was lost, and the mortality of children was considerably below the average.

Additional details are withheld for obvious reasons. The reader who has seen this complication will confer a great favor, not only upon the reporter, but also upon the American Institute of Homœopathy, by at once forwarding full particulars to his address, Providence, R. I.

Dr. I. T. Talbot, dean of the Boston University School of Medicine, addressed the society upon the claims of that institution on the homœopathic profession in particular, and generally on all those who enjoy the blessing of improved medication.

The president, Dr. Gottschalck, presented an elaborate paper on Retro-pharyngeal Abscess, prompted by meeting one in an infant at birth, that terminated its life in about three weeks. The society voted its thanks for the interesting and instructive effort.

Dr. Peck gave a brief verbal report of a somewhat similar abscess in a young man about thirty years of age. It burrowed the entire length of the trachea on its posterior aspect and penetrated even into the lung tissue.

Dr. Budlong mentioned a case illustrating the virtues of bovinine. A person suffering with a chronic malady gradually sank from inanition, every article of food given being more or less speedily rejected by the stomach, and that despite the aid of the most vaunted adjuvants. After administering this tonic, or rather food, all vomiting ceased nor did it recur during life. A natural color returned to the face, and a marked increase of strength and vigor was observed. The autopsy revealed a stricture of the pylorus through which an ordinary writing quill could scarcely have been passed. Death was occasioned by an intercurrent nephritic attack resulting in uræmia.

The customary report from the Dispensary showed that four hundred and seventy-one prescriptions had been given to two hundred and seventy-four patients at the rooms, and that two hundred and two visits had been paid fifty-five patients on the east side. No work had been done on the west side.

About six o'clock the members of the society, and a number of Dr. Mann's personal friends, who had just arrived, were invited to the dining-room, where stood a table that reflected credit not only upon the host's hospitality, but also the skill and taste of Woonsocket's caterer. Most devoted were the attentions paid by citizen and stranger. When every one had become fully satisfied there was no sham in that entertainment, Dr. Mann announced the following sentiments, which were duly responded to:—

Our Country. — As the patient is often nauseated with too much physic, so is our country made sick by too much legislation. Hon. Latimer W. Ballou, M. C.

In certis unitas; in dubiis libertas; in omnibus charitas. — A motto adopted by our homœopathic medical colleges, and which finds an able advocate in the Universalist pastor of Woonsocket, Rev. C. J. White.

The Old School and the New. — Though they may honestly differ in practice, may the time soon come when their practitioners will clasp hands in cordial fraternal greeting. Dr. George W. Jenckes.

Physiology and Theology. — Physician and pastor; compliments to each other. Rev. George W. Brook.

The Reform Club of Woonsocket. — Homœopathy is doing much toward the reformation of medicine, and is in hearty sympathy with those who would reform habits for intoxicating drink. L. B Pease, Esq., ex-president of the Reform Club.

Similia similibus curantur. — The motto of our school; not because it is the only method or rule of practice or the only guide in all pathological conditions, but because it is generally the best. Dr. Gottschalck, president R. I. H. S.

As most of the guests were obliged to take the 7.30 train for Providence, the responses were short; but their brilliant wit more than compensated for their brevity. Upon parting the only regret was that trains, like tides, wait for no man.

NOTE. — The reporter, in behalf of a number of the members present, utterly repudiates the ideas of the last sentiment. The president in his response dissented therefrom; and if the society framed such a plank in its platform it would simply proclaim the futility of its existence, for the Rhode Island Homœopathic Medical Society interferes not with the private opinions of its members, and elsewise there is no distinction.

Reviews and Notices of Books.

A Manual of Pathological Histology. By Profs. Cornil and Ranvier, of Paris. Translated from the French, with notes and additions, by Drs. E. O. Shakespeare and J. H. C. Simes, of Philadelphia. Philadelphia: Henry C. Lea, 1880. pp. 784. Boston: A. Williams & Co. Leather, $6 50.

We are very glad to see such a masterly book as this, which has acquired a high reputation throughout Europe, translated into English. It is decidedly the best presentation of the subject we have met with. The descriptions are sufficiently full and accurate for the student, and are not spoiled by the introduction of an immense mass of historical, theoretical, and experimental material interesting only to the microscopic specialist; so that it makes a remarkably good text-book. The French authors

enjoyed remarkably good opportunities for collecting pathological material from a large number of autopsies and operations in the hospitals of Paris. They carefully examined this material, with the aid of pupils, in their own special laboratory, and give the results in their book, to which they judiciously prefix a brief *résumé* of *normal* histology. For purposes of comparison they also give an outline of the normal histology of each organ before describing its pathology. The three hundred and sixty illustrations are, of course, an indispensable aid. Drs. Shakespeare and Simes have made a very smoothly flowing, and, we imagine, accurate translation. They have used their judgment in omitting unimportant or obsolete passages, and in making additions in brackets where they seemed to be called for. They have also been fortunate enough to secure the use of several wood-cuts from the "Medical and Surgical History of the War."

PHOTOGRAPHIC ILLUSTRATIONS OF SKIN DISEASES. By George Henry Fox, A. M., M. D. New York: E. B. Treat, 805 Broadway. Parts 4, 5, 6. $2.00 per part.

This valuable work, to be completed in twelve parts, and to contain forty-eight colored plates taken from life through the intervention of photography by what is called the artotype process, and colored by a skilful hand, we spoke of in this department of the GAZETTE on the appearance of the first part, in the highest terms of praise. In one respect, at least, dermatology may be taught from this work better even than from an actual clinic, in that the representations of disease are permanent and can be consulted at any time when it is desired to refresh the memory. Each of these parts contains, with descriptive letter-press, four full-page plates, one of which is double. The subjects are leucoderma, chromophytosis, favus capitis, favus corporis, eczema cruris, eczema infantile, eczema papulosum, eczema ichorosum, eczema pustulosum, eczema squamosum, eczema barbæ, eczema manum, eczema e venis varicosis, ulcus varicosum, and psoriasis annulata.

HALE ON DISEASES OF WOMEN: STERILITY AND DYSTOCIA. Second edition. New York: Boericke & Tafel. 1880. pp. 378.

The second edition of this popular book has been much enlarged, and now includes nearly all the special diseases of women. It contains fifty-five good illustrations, mostly of the latest devised instruments. Dr. Hale has attempted, and, we think, admirably succeeded in his efforts, to bring his book up to the most recent advances in the gynecological art by drawing on the latest works of the most eminent authorities, as well as by giving us the best

results of his own large experience. He is liberal enough not to be trammelled by the narrow theories of enthusiasts, but sets us a good example in being willing to employ any means which is proved to be for the *good of his patients*, not scared by those bugbears which some purists among us seem to dread so much, — mechanical aids, local and palliative treatment. The main part of the book is devoted to sterility. Its causes, classed in separate chapters as constitutional, physical, ovarian, uterine, vaginal, renal, vesical, urethral, rectal, hygienic, etc., embrace, it will readily be seen, when each one of these divisions is minutely subdivided, pretty much the whole field of gynecology.

We imagine that to these causes ought to be added another, — *the great unknown;* for when, so far as can be ascertained, every other cause has been removed, there often still exists some insurmountable obstacle to conception. We are very much obliged to Dr. Hale for calling attention so forcibly to the necessity for the use of other means in this class of diseases, than the simple giving of attenuated medicines by the mouth. We do not intend to disparage constitutional treatment; we do not deny that a great deal of injury has been done to poor, suffering women by reckless local measures. We are very ready to assert that some physicians have been *fearfully* afflicted with *utero-mania*, tracing every ache and pain, every functional and organic disturbance in the whole system, to that great scapegoat, the womb, thinking that if that is tinkered sufficiently, everything will come out right. But we do know, on the other hand, that much suffering has resulted from the neglect of properly applied, skilful local measures; such as, to mention only one instance, enlargement of the cervix in obstructive dysmenorrhœa. The final chapters on dystocia are quite interesting. Dr. Hale's expanding speculum and pocket forceps, which are described in the work, we should think might serve a useful purpose.

CLINICAL LECTURES ON THE DISEASES OF WOMEN. By J. Matthews Duncan, M. D. Philadelphia: Henry C. Lea, 1880. pp. 175. Boston: A. Williams & Co.

These lectures were originally published in medical journals, but are now reproduced in book form. They discuss missed abortion, abnormal pelvis, cervical catarrh, ovaritis, perimetritis, parametritis, painful sitting, irritable bladder, vaginismus, fibrous tumor, cancer, procidentia, etc. Dr. Duncan's ideas often differ from those generally prevalent. In the lecture on spasmodic dysmenorrhœa, in the treatment of the worst forms of which he advises gradual dilatation with bougies (from No 9 to No. 11 and even 12 or 13), we are quite pleased to hear him say, after denouncing the common habitual use of opium in painful men-

struation, "Rather the disease than teach my patient the baneful and almost incurable habit of opium eating." The style of the book is very pleasant, and the matter interesting.

THE STUDENT'S GUIDE TO DISEASES OF THE EYE. By Edward Nettleship, F. R. C. S. Philadelphia: Henry C. Lea, 1880, pp. 369. Boston: A. Williams & Co.

This is an unpretentious little book, designed for students in their hospital course, and seems well adapted to the purpose. It is illustrated by eighty-nine wood-cuts. The last chapter, "On Diseases of the Eye in relation to General Diseases," will be found quite interesting to the general practitioner.

PERCUSSION AND AUSCULTATION. By Prof. Austin Flint, M. D. Philadelphia: Henry C. Lea. 1880. Second edition.

There is not much difference between this and the first edition. Indeed, the first was so perfect that it would be hard to improve on it. Dr. Flint confessedly stands at the very head and front of diagnosticians of diseases of the heart and lungs, and whatever he says may be relied upon.

BRAINWORK AND OVERWORK. By Dr. H. C. Wood. Philadelphia: Presley Blakiston. Boston: Estes & Lauriat.

The present publisher succeeds Lindsay & Blakiston in bringing out this series of popular books, which we have already often commended. This is the eighth volume of the American Health Primers. It is certainly as interesting as a novel, and affords the proper instruction to the laity, although containing little that is new to the profession. It treats of general causes of nervous trouble, work, rest in labor, recreation and sleep, etc. Dr. Wood's ideas on camping out are particularly sensible.

HYGIENE AND EDUCATION OF INFANTS. Translated from the French by Geo. E. Walton, M. D. Cincinnati: Robert Clark & Co. 1880. pp. 72.

The original was condensed by the *Société Française d'Hygiène* of Paris, from ten prize essays, and tells the young mother how to clothe, feed, and wean her baby, etc.

A SYSTEM OF MEDICINE. Edited by J. Russell Reynolds, M. D.

An American reprint of this elegant English work is now being published by H. C. Lea, of Philadelphia, and is sold only by subscription, the New England agents being W. H. Thompson & Co., 32 Hawley Street, Boston. The English edition, the first volumes of which we have been familiar with for several

years (the last having recently come out), appeared in five volumes of about 1000 pages each. The present American edition, by a different arrangement of type and paper, occupies three volumes of about 1000 pages each. Two volumes we have already received, and the third is soon expected. Before long we expect to give an extended review of this very valuable work, so acknowledged by all competent critics. Meantime we urge all of our readers to subscribe for it as a necessity. If you have Ziemssen, it makes a good supplement. If you cannot afford Ziemssen, the low price of this ($15.00 in cloth) is a strong temptation. We believe the English edition cost three times as much, and did not have the advantage of the additions of the American editor, Prof. Henry Hartshorn.

THE ARCHIVES OF MEDICINE, for February, G. P. Putnam's Sons, contains articles on Gynecology as related to Insanity in Women, Researches in Clinical Hæmatology, Hysterical Joint Affections, Postural Method of Copulation for the cure of some forms of Sterility, The Temperature in Uræmia, etc.

THE VIRGINIA MEDICAL MONTHLY, for January, 1880.

This number of this well-conducted journal is made doubly valuable by containing the Transactions of the Medical Society of Virginia, which occupy about 150 pages. Different reports are made on the advances in different departments in medicine. We find also papers by Dr. J. Marion Sims on Hepatic Abscess, and Dr. Wiley on the Reflex Influence on the Physician of the Work of Healing, etc.

THE CHICAGO MEDICAL GAZETTE is a bright and interesting new journal just started by Dr. E. C. Dudley, and is published on the fifth and twentieth of each month. It aims to be a medical "Nation."

THE CLINIQUE, just started, does not profess to be a medical journal in the strict sense of the word, but is a monthly abstract of the clinics, and of the proceedings of the Clinical Society, of the Hahnemann Hospital, of Chicago. The January number is well printed, and contains notes of cases in the clinics of Prof. Hawkes, Fellows, and Laning, and a clinical lecture by Prof. Hoyne. Business manager, T. S. Hoyne, M. D., Chicago. $1.00 per year.

THE HOMŒOPATHIC EXPOSITOR is a small quarterly, edited and published by Edward J. Morgan, Jr., M. D, of Ithaca, N. Y., for the purpose of elucidating the principles of homœopathy for the benefit of "the people." Dr. Morgan is an easy and pleasant writer, and presents an interesting little journal.

THE PHYSICIANS' AND SURGEONS' INVESTIGATOR is a new enterprise just set afloat in Buffalo, N. Y., by the new Homœopathic College of Physicians and Surgeons (modern school); the dean of that school, S. W. Wetmore, M. D., being editor in chief, and the business manager, S. M. Brayton, M. D., registrar. The first number is chiefly on the defensive against the attacks which have been made on the school.

ON THE INTERNAL USE OF WATER FOR THE SICK. By J. Forsyth Meigs, M. D. Philadelphia: Lindsay & Blakiston. 1880. pp. 54. Boston: A. Williams & Co.

An interesting clinical lecture on a subject in which the practice of the profession has been completely revolutionized within the last half-century.

OTHER BOOKS RECEIVED. — Gilchrist's Surgical Therapeutics and Cowperthwaite's Text Book of Materia Medica, both published by Duncan Bros. — Report on the Revision of the U. S. Pharmacopœia, by Charles Rice. — James on Sore Throat. 4th Edition. Philadelphia: Lindsay & Blakiston. — Burnett's Curability of Cataract with Medicines. — Shuldam's Stammering and its Treatment. — Étude sur le Traitment Homœopathique de la Constipation, par M. le Dr. H. Bernard, de Mons. — The Fallacies of Popular Clinical Medicine, by Prof. J. S. Wight, M. D., of Brooklyn. — Conclusions of the Congressional Yellow Fever Board of Experts. — W. Fairlie Clarke's Practice of Surgery. Wm. Wood & Co. — Morris on Diseases of the Skin. H. C. Lea. — Beard's Nervous Exhaustion. Wm. Wood & Co. — Hering's Guiding Symptoms, Vol. II.

NEWS AND PERSONAL ITEMS.

C. W. Breyfogle, M. D., a homœopathist, has been appointed by the governor and confirmed by the Legislature of California as a member of the State Board of Health.

W. H. Woodyatt, M. D., Professor of Diseases of the Eye and Ear in the Chicago Homœopathic Medical College, of wide reputation as an oculist, has recently died of diphtheria. J. H. Buffum, M. D., of the New York Ophthalmic Hospital, has been appointed to succeed him.

RESULT OF THE FAMOUS MILWAUKEE TEST. — We learn from Dr. Samuel Potter, President of the Milwaukee Academy, that the canvass is over, and that the official declaration will show that out of eighty-five tests sent to experimenters, but one correct report was received. Prof. A. Uhlemeyer of St. Louis picked out the right vial of Arsenicum, where he had but two vials to select from. All the ten vial tests were wrong.

OUR PUBLISHERS have just passed through a fiery ordeal, and are doubtless anxious to return thanks, as if barely saved from an impending shipwreck. Having been informed that a certain man in the Nutmeg State was a homœopathist, and being desirous of making their new directory (now in press) as complete as possible, they sent him, in common with hundreds of others, a blank postal card, with a note requesting information. The following reply was received, which we print *verbatim et literatim et punctuatim:* "Mills Village conn Jan 5h 1880 Otis clapp & Son yours of the 2rd is resieved. In answer I would say. That if you enter my name as a Homapothic Physician in the Directory you are preparing. You will be duly procecuted by law yours J. J. Averill"

It is needless to say that the firm preferred a hint to a kick, and being thoroughly frightened, thought that "discretion was the better part of valor." Vain will be the search of the curious for the name of Averill in the new directory.

We have a large amount of valuable material which we are obliged to hold over for want of space.

THE

NEW ENGLAND MEDICAL GAZETTE.

No. 4. APRIL, 1880. VOL. XV.

EDITORIAL.

HOMŒOPATHY IN THE BOSTON CITY HOSPITAL.

IT requires neither wonderful sagacity nor exceptional skill in forecasting future events, to predict that before very long the city of Boston will gratuitously provide for those of its sick poor who desire its hospital accommodations in connection with homœopathic treatment. An effort in this direction made several years ago failed; the effort which is now being made may possibly fail (God forbid!); but some time in the not distant future success is certain. To accomplish such an object in the face of the most bitter allopathic opposition, to overcome the deeply rooted prejudices of years, requires a great amount of hard work, and a persistent knocking at the doors with a grim determination never to take *no* for a final answer. This work the homœopathists of this vicinity have decided to accomplish, and they expect that the doors will be opened unto them because of their very importunity, and the righteousness of their cause. For is their cause not righteous? It seems as ridiculous to argue such a question as it would to argue for free schools. It is so simple that none but those who shut their eyes can possibly fail to see it. Besides the enormous original outlay for land, buildings, and all equipments, Boston spends every year over $125,000 for the running expenses of her public City Hospital. This money of course is paid by all the tax-payers, perhaps one third (without much doubt one fourth) of whom are homœopathists. If any of these homœopathists should be reduced to poverty and should be forced to go to the City Hospital when sick, they would nat-

urally prefer their accustomed treatment. In the case of those citizens who are already poor and who have once experienced the benefits of homœopathic treatment, we do not have to resort to suppositions, — we have the facts. They are constantly applying every day for admission to our homœopathic hospital, and are every day being mournfully sent away with the information that owing to our scanty private resources we always have a very limited number of free beds, and that they are now all full.

Not only do tax-paying homœopathists demand of the city government, in return for their money, the hospital treatment which they think the best for those who choose it, but also, judging from the few with whom we have conversed, the great majority of non-medical allopathic tax-payers would be perfectly willing to concede this as a right. It is the allopathic medical fraternity, who now have the inside track, from whom most of the opposition comes. With Pharisaic self-appreciation of their own excellences and contempt of others, they endeavor to impress upon their constituents (and to some extent succeed) the idea that they, in their supreme wisdom, are the only capable judges of what the best treatment for the city poor is. Without undertaking by contradiction to disturb the serenity of these self-complacent individuals, we would simply inquire whether, even if the homœopathic were not the best treatment, if it should be demanded by a large minority of influential tax-payers, second to none in intellect and refinement, it would not be the duty of the city government to provide it for those who wish. The powers that be should insist that every one who undertakes to be a physician should be properly educated, after which he should be allowed to practise according to whatever system he pleases. Whenever any such system, practised by competent, educated physicians, becomes strong enough in the community to take the position which homœopathy or eclecticism has already taken, then its advocates should have the privilege when sick, if unable to employ their own physicians at their homes, to have their chosen treatment at the public expense.

This republican country has never yet allowed the formation of a state church, and it will not much longer, we hope, attempt to force on its people, through the army and navy, or in State, county, or city hospitals, any state system of medicine.

In making our present demand we do not desire to increase the expense to the city one cent; we merely intend to divert our share of the funds to better uses. We are willing to accept whatever provisions may seem to be best for carrying out our plans. If a ward in the present City Hospital building is considered the best arrangement, or a separate building on the same grounds, or an extension of and annual grant to our own small, private homœopathic hospital, we shall accept the decision and abide by it. The State of New York a few years ago gave to the homœopathists the large separate hospital on Ward's Island, with its eight hundred beds, being, we believe, about one quarter of the hospital accommodation of the city. Who to-day can say that its management has not been a triumphant success, in spite of numerous obstacles thrown in the way? The same State has built a large and prosperous homœopathic insane asylum, which challenges comparison in results with any in the world. Can any one say anything against the management of this institution?

There are absurd rumors in the air that the present city hospital physicians and surgeons, in order to prevent the success of our movement, threaten to resign in a body, if it is successful. "A consummation devoutly to be wished for." We do not give them the credit for being, but wish that they might be, such asses. What a glorious opportunity it would be for us!

At a preliminary meeting at the Parker House, a short time ago, the following gentlemen were appointed a committee to prepare and circulate a petition to the city government to provide for the poor gratuitous homœopathic treatment at the hospital or elsewhere: Ex-Governor Alexander H. Rice, Alpheus Hardy, Charles R. Codman, James M. Stone, Henry S. Russell, Liverus Hull, Matthew Bolles, Henry Souther, and David L. Webster, — a most excellent and honorable set of men, who will bring to bear a great deal of influence. May they succeed in their efforts!

MEDICAL LEGISLATION.

BY SAMUEL POTTER, M. D., MILWAUKEE, WIS.

A BILL very similar in many respects to that now before the Massachusetts Legislature has been defeated in the Wisconsin

Legislature every year for several years past, and is again upon the point of repudiation, although this year it has the indorsement of a majority of a joint committee of fifteen appointed by the three State medical societies. The measure has been opposed by a remonstrance signed by over three hundred physicians of all schools, residing in the State, of whom one hundred give their degrees and colleges: one was surgeon in the United States army and for many years surgeon-general of this State; several are pension surgeons to the government, United States marine hospital surgeons, etc.

The principal reasons for the opposition of so many good men in the profession to such a measure may be placed under two classes: (1) its inexpediency; (2) its unconstitutionality. It is considered inexpedient on the ground of its attempting too much, which could be covered by a much more simple process. Let an Act pass that makes it a penal offence for any man to assume the title of "Doctor of Medicine," or "M. D.," or "Surgeon," unless he has received such a degree from a regularly incorporated college, and the would-be quack will be necessitated to put plain "Mr." on his sign and cards, and will dupe but few of the people. The dangers of having an examining board are very many, especially if, as in the case of Illinois, it is given control of the profession so far as to have arbitrary power over its ethics. In a very few years more injustice will be done under cover of law by this process, than can be rectified except at great and ruinous legal expense.

The constitutional objections are the most serious. It may be safely affirmed that under our institutions every man has a natural right to consult any other man on *any subject:* his property, his soul, or his health. If he consults an incompetent adviser, the risk is his, and he must pay the penalty. The State cannot assume that health or life is worth more to it than property; for, politically considered, a life is computed in dollars and cents when looking at its value to the State. Hence, no law is constitutional which seeks to prevent the exercise of this natural right. The advice, if legally sought, may legally be given, and may legally be paid for; and this theory is strengthened by the fact that all such Acts reserve the right to any individual to afford *gratuitous* services in cases of necessity or emergency, even though these cases are the ones which most frequently require the highest skill. The inference is plain, — that in the term *gratuitous* lies the rub, and that the ruinous trades-union principle is at the bottom of all such efforts for legislation.

But what are the facts? The Illinois law has been in effect three years, and many *poor* quacks have been run out of that State, but not one *wealthy* one. Although the law in Illinois

gives the State Board power to revoke the license of any practitioner for conduct of an unprofessional or dishonorable character, and although the board in one case has had a legal decision in court sustaining this power, what has been its course? The very defendant in that case is yet practising openly at the Palmer House, in Chicago, and still advertising in the same manner for which the board revoked its license *two years ago.* Why does not the board see to it that the decision of the lower court is carried out? Again, there are fully a dozen advertising gonorrhœa doctors still in Chicago; their lying advertisements fill the country papers, and adorn the daily press of even Chicago itself. To my own certain knowledge, some of these men have never graduated at any college. One of them has his office on the same floor with a member of the State Examining Board, who therefore cannot be in ignorance of his existence. They are not touched by this mighty board. They have never appeared before it. Why? Because they have the means to carry the case up, and the board does not dare to risk an adverse decision by the Supreme Court of the State

The fact is apparent to every unprejudiced lay mind that such restrictions applied to any other profession would be absurd in the extreme, and that if laws of the kind noted are passed, they must soon become obsolete, because they cannot be enforced. Quackery is an essential part of human nature, and cannot be legislated out of existence.

Is there not, however, a danger to the medical profession in asking such legislation? I think there is. The trade-union idea has destroyed every trade which adopted it. But independently of this, suppose we get the Legislature into the habit of passing medical bills: may we not get more than we want? Suppose some representative of the people should get it into his head that the great surgeons in the large cities charged too much for their services, and brought in a bill to fix the fees for medical and surgical services; or to prevent a physician refusing to make a call on a poor person, and sending the messenger to the young doctor round the corner Suppose that the average legislator should think that prescriptions should be written in English, or that homœopathic physicians should label every agent given to the sick with its correct name and attenuation, etc., etc. Take care, brethren, of legislation concerning a liberal profession! It is a two-edged sword, which often cuts in both directions!

THE EFFECT OF TRITURATION ON GOLD AND CHARCOAL.

BY C. WESSELHOEFT, M. D., BOSTON.

AN article on the effects of trituration, which the writer of the present paper had the honor of presenting as a report to the American Institute of Homœopathy,* had the effect of stimulating further inquiry into the subject. Although the criticisms were with two exceptions entirely speculative, they nevertheless invited a re-examination of the subject, which led to several additional observations and corrections, which I would herewith offer for the consideration of homœopathic practitioners and students who desire to know something in relation to the dose.

The following article will be a synopsis of the report to the Institute, to which remarks concerning more recent observations will be added, as well as allusions to critical views expressed for and against the subject by various writers.

Hahnemann asserts (Chron. Dis., 2d ed., Vol. I.) that by means of trituration with non-medicinal powder, *i. e.*, sugar of milk, certain hard and insoluble substances "undergo a change in their physical and chemical behavior," which renders them "entirely soluble in water and alcohol after they have undergone the change under trituration."

It was for the purpose of observing these asserted physical changes that the microscope was resorted to as the handiest and most available instrument for that purpose; for by its means we ought to be able to detect whether "the changes produced by protracted trituration would prove to be so incredibly great as to border upon the wonderful," — that is to say, whether they would warrant us in assuming the solubility of these substances in water or alcohol. This is the meaning of Hahnemann's proposition. At his time, the assumption of a transcendent degree of subdivision by trituration was quite admissible. The clinical test seemed to support the hypothesis sufficiently, while microscopic tests were not then, though they might have been, applied.

No estimate can be formed as to the degree of subdivision of matter which Hahnemann assumed to take place, and designated as "wonderful" and "incredible." As will be shown in the following pages, the limit of division by trituration of hard, insoluble substances is from $\frac{1}{1800}$ to $\frac{1}{3000}$ of a millimetre. At Hahnemann's time this might have been called incredibly small; but at our time we are not warranted in assuming that this size of particles of matter would subvert the laws of chemistry or

* Microscopic examination of triturated metals, etc. Transactions of the American Institute of Homœopathy, 1878, page 135.

physics. Hahnemann probably had in mind a degree of subdivision approaching the liquid or even gaseous form, in which case solubility in water or alcohol would have been to a certain extent possible. It is not difficult to show that such a degree of expansion of surface is not reached by trituration with sugar of milk.

This is a question of pharmacology alone, and is one that every faithful homœopathist should assist in determining. For the purpose of inviting and aiding examination, it will be proper to describe the means to accomplish the purpose.

THE USE OF THE MICROSCOPE AND MAKING PREPARATIONS.

In the article referred to, I stated that magnifying powers of from forty to fifty diameters (½ inch objectives) would show most particles we are able to produce, and that moderate magnifying powers, from one hundred upwards, would exhibit the limit of trituration. I have not found occasion to retract this statement, but would now lay more stress on the necessity of using high amplifications, from one thousand to three thousand, and higher if possible. Accurate measurements can only be made during the greatest possible amplifications of the object, because small objects, though very distinctly seen (though perhaps not defined), admit only of a more or less accurate estimate, according to the number of particles which may lie between the lines of the micrometer. The cobweb micrometer will give much more exact measurements of highly magnified particles; and we may use the highest magnifying power that will furnish a sufficiently clear outline of the edges, regardless of definition of structure.

I have during my first researches made use both of direct and transmitted light. The latter I have mentioned in numerous places, yet some readers have supposed that I had used direct light exclusively. For the purpose of definition of opaque substances, direct light is indispensable, as in case of the metals, charcoal, etc. If examined by transmitted light, we shall have to guard against the error into which Dr. O. Buchmann * has fallen, of regarding them as transparent; an appearance which is very closely simulated by the well-known phenomena of diffraction. This can readily be guarded against during the use of high powers, by carefully adjusting the thickness of the glass cover to the capacity of the ocular, either by measuring the latter or making use of the screw collar to obtain accurate adjustment, position of mirror, etc.

The sugar of milk, though hard to get rid of when we are unfamiliar with its action in the beginning of our researches, is

* Allgem. Homœop. Zeitung, Vol. XCIX. Nos. 1 to 12.

less formidable when we have become acquainted with it. The following are the best methods of preparing triturations for microscopic examination:—

1. By dissolving a portion of a grain of a trituration upon a slide, and slowly drying it till it is transparent like varnish. This will show all triturated particles of matter in a state of rest.

2. Balsam-mounted preparations are indispensable, if we wish to view particles separated and unconglomerated; especially pure precipitates of metals and powdered silica, glass, etc. Triturations may also be examined this way, as balsam causes the sugar of milk to vanish, and to bring out opaque particles.

3. Crystallization of triturations upon a slide under a cover causes perfectly clear spaces to appear, upon which the particles of metal, etc., may be distinctly seen.

4. By dissolving a particle of a trituration upon a slide, in a drop of water warmed over a spirit lamp. Beneath a cover this will exhibit all non-soluble particles of triturated matter absolutely free from sugar of milk, but disturbed by molecular motion and capillary currents.

These may be examined with transmitted and direct light, clear white daylight, or direct sunlight, applied with or without condensing lens. Oblique direct sunlight is very advantageous in many cases.

Those substances which have been described in my first essay on this subject will be but briefly mentioned here, for the purpose of modifying or making additions to previous statements. In this connection it is necessary to remark that my observations related to triturations made in the *centesimal scale*, which is the one originally recommended by Hahnemann, and that which, in its third degree, is assumed to admit of solubility. Those who repeated or attempted to criticise my observations from the standpoint of rigid Hahnemannians have invariably employed triturations in the *decimal* scale, which, though preferable in other respects, cannot properly be used to refute observations made upon the standard *centesimal* triturations; for, as I have shown, the less vehicle we use the more even and rapid is the comminution of metals, etc.

This observation applies most particularly to *leaf gold.* This is the most difficult to bring to an evenly fine degree of subdivision by hand trituration, the method mostly employed since Hahnemann's time. Dr. J. Edwards Smith, of Cleveland, has shown * that triturations made by machines are of much more uniform fineness and evenness of subdivision. The triturations made by hand contain a very great number of exceedingly large

* Forthcoming Transactions of the American Institute, 1879.

and uneven particles, especially where they are prepared in the centesimal scale. When less sugar of milk is used, the uniformity in size is more marked.

Triturations of the centesimal scale show particles up to the VI., but it must be remarked that it is extremely difficult, and requires long and patient labor, to discover them beyond the III., and that it is much easier to examine triturations of the decimal scale.

When all particles thus found in the three successive triturations are properly measured, but a very slight difference in size will be detected, where a great and progressive comminution had been assumed. We find that in the first trituration some of the gold has already attained its minutest subdivision.

In the first essay, I did not state this accurately, giving the dimensions from $\frac{1}{25}$ to $\frac{1}{400}$ millimetre. I would here correct this statement by adding that even leaf gold can be made to reach a minuteness of $\frac{1}{1800}$ to $\frac{1}{2000}$ of a millimetre. Such particles are less frequent in the first than in the third trituration, and more numerons in decimal than in centesimal triturations. In those measured by Dr. J. Edwards Smith, the particles of leaf gold are somewhat smaller than according to my measurements.

It will be found upon comparison that the minutest particles of leaf gold are of the same average size as those of precipitated gold. At the same time, it is a remarkable fact that the smallest particles of other precipitated metals are equal in size to the particles we are enabled to reach by mechanical subdivision. Leaf gold appears in the form of flat pieces with jagged edges, down to the smallest particles, which are more or less spherical in shape, like those of precipitated gold. The yellow, metallic lustre of gold can be distinctly seen, even in small particles, by means of direct oblique sunlight, or by means of a condenser and good daylight. An immersion objective ($\frac{1}{10}$ to $\frac{1}{15}$) affords an excellent means, not only of seeing the color, but of defining the smallest particles.

Precipitated gold, no matter how long subjected to trituration with or without sugar of milk, does not exhibit the least sign of higher comminution, as stated by Dr. O. Buchmann, who believes that the particles are still more reduced by protracted trituration. Through the kindness of Messrs. Otis Clapp & Son, I obtained the first trituration of precipitated gold, which had been ground for three consecutive hours. This preparation, examined by means of transmitted as well as direct light, under low, medium, and high powers (1,100 diameters), did not show the least variation in the size of its particles from those of untriturated precipitate, nor from the smallest particles of leaf gold,

both measuring $\frac{1}{20000}$ to $\frac{1}{10000}$ millimetre. There is no gradual diminution down to indefinably small particles, as would naturally be the case if further reduction took place. The limit is clearly defined and easy to see, as will be demonstrated. The particles of the III. do not vary in size from those of the pure precipitate. These, when thinly scattered on a slide without glass cover, and by using direct oblique light, are seen to be oval or spherical, many grouped together like heaps of shot. On one side they are brightly illumined by the oblique light, showing golden lustre, while the side removed from light has feeble lustre or is nearly dark, giving the appearance of hemispheres or little crescents. A great deal has been said by one of my reviewers, quoted above, about transparency of triturated substances. Gold was by him described as transmitting bright green light; charcoal, he said, not only transmitted blue light, but was clearly transparent like crystals of soda or glass. It is well known that gold leaf beaten out to the thinness of $\frac{1}{200000}$ part of a line transmits green light, when a sheet of such gold is held up to the sunlight; silver under similar circumstances transmits bluish light, an appearance readily confirmed by gold beaters; but none ever saw it colorless and transparent like glass. Although the fineness we are able to obtain is equal to that which is known as translucent, this is not exhibited under the microscope by the spherical particles, where the principle of diffraction on the one hand, and on the other hand the minuteness of rays which might possibly be transmitted, prevent the perception of translucency. Even glass and other actually transparent bodies, *in finest subdivision*, are only microscopically translucent, not transparent.

With regard to gold and copper, there are microscopic appearances which resemble faint translucency of larger particles. This deceptive appearance is, however, easily dispelled by cutting off the transmitted light which ought to, but does not, change the translucent appearance produced entirely by diffused light. The ring-shaped whiteness and apparent transparency of coal is owing entirely to imperfect focusing; correct focus (by adaptation of cover to objective by screw collar or measurement of cover) always exhibits the smallest particles as sharply defined dark dots or points.

CHARCOAL. — This substance, from the I. to III. centesimal triturations, according to my first measurements, yielded particles varying from $\frac{1}{40}$ to $\frac{1}{12000}$ millimetre. Specimens of triturations carried on for thirty hours by machine did not exhibit any further reduction. Pure charcoal, however, triturated only forty-five minutes, proved the great majority of particles to have been reduced to $\frac{1}{18000}$ and $\frac{1}{20000}$ millimetre, thus furnishing strong

evidence that the intervention of sugar of milk prevents the rapid and complete reduction of hard substances.

I stated that the particles of coal of $\frac{1}{18000}$ millimetre could be seen at an amplification of fifty-five diameters. I have since verified this observation frequently. Let us single out or "spot" a particle of coal under a a high power, then apply a low power, and we will see it minutely but sharply.

Buchmann, who saw "indefinable shadows" and particles as transparent as glass, states* that particles of $\frac{1}{10000}$ millimetre are already transparent. Such a statement is only to be accounted for by the improper use of his instrument, as well as faulty interpretation. He admits, however, that the particles of the triturations do not exceed in minuteness those of pulverized pure coal. He draws his conclusions from observations upon *decimal* triturations, on which account he finds fewer very coarse particles than I did in the *centesimals*, in the first of which the extreme minuteness of particles is already reached. By Dr. Buchmann's measurements the dimensions of the smallest particles of coal are $\frac{1}{10000}$ to $\frac{1}{20000}$ millimetre, although he intimates that smaller ones exist in the form of "gray shadows," forgetting that it is possible and very easy to define much more minute objects.

Mr. A. W. Haupt, an expert of unquestioned authority, who also examined charcoal,† finds that particles of the I. to III. decimal trituration range from $\frac{9}{1000}$ to $\frac{1}{20000}$ millimetre.

My own observations with the centesimals fall below those figures, but I am quite ready to concede the difference.

Molecular motion is of course observed in this, as in all other finely divided substances, and is set up as a theoretical proof of the solubility of charcoal in water and alcohol. More of this hereafter.

SENILE GANGRENE.

BY J. G. GILCHRIST, M. D., DETROIT, MICH.

THE progress being made at present in the cultivation of surgery, by practitioners of our school, can scarcely fail to make its influence felt throughout the whole domain of surgery. The absence of pain when *Hypericum* is given, the subsidence of phlegmonous inflammation when *Rhus*, *Bell.*, or *Sil.* are used, the speedy repair of wounds under the action of our various vulneraries, must all modify, sooner or later, the practice of surgery;

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* Allgem. Homœop. Zeitung, XCIX., 5, page 35.
† Allgem. Homœop. Zeitung, XCVIII., No. 20.

inasmuch as, with increasing experience, "living witnesses" become too numerous to warrant any in ignoring the facts. Indeed, it seems to me, the adoption of homœopathic principles and practice by the opposing schools must be brought about by our successes in surgery. The reason is obvious. A surgical case is something tangible; there can be no mistake about the circumstances attending it: and the progress being so utterly at variance with that commonly observed, apparently in defiance of the long-established rules of physiology and repair, attention must sooner or later be arrested, and conviction will surely follow honest experiment. For this and other reasons, while heartily opposed to the average "case" reports, I deem it essential that some effort be made to direct attention to the successes of our practice in surgery.

1879, No. 27, May 27. Was called by my friend Dr. Jas. D. Craig, of this city, to consult with him in the following case: —

G. B., age sixty-six, German. The patient was a stout, robust-looking man, who had always enjoyed perfect health. Two weeks ago, while walking in the street, he struck his foot against some obstacle, not with any remarkable force. Shortly he experienced violent pain in the ball of the right great toe, and gangrene set in, which spread rapidly up the leg. At this date there is no line of demarcation, and indeed, the termination of the morbid action can only be approximately determined, the livid color fading off imperceptibly. It is evident that the knee has been reached, and probable that it extends almost to the lower third of the femoral region. The fœtor is great; sloughing has commenced in the foot; there is a quick, small pulse; generally lowered temperature, from 1° to 1.5°; frequent diarrhœtic stools, partially involuntary; sleepless; restless; loss of appetite, and clammy perspiration. It was thought that pulsation could be felt in the lower part of the femoral artery, and immediate amputation was advised. Accordingly, assisted by Drs. J. D. Craig, Wm. M. Baily, and C. V. Emory, chloroform was administered, and the leg amputated at the middle third, by the ordinary flap method. Upon commencing to administer the anæsthetic, the pulse improved as well as the temperature; verifying, as I have frequently done before, the accuracy of Lister's observation, that chloroform was a stimulant. There was not a drop of blood lost from the deeper vessels, and very little from the superficial. The femoral artery was found covered with an immense calcareous deposit, so much so that with the accompanying veins and nerves, the appearance was similar to a bone as large as the forefinger. The orifice of the vessel was found filled with thrombus, as was the profunda and other large branches. The calcareous matter was broken off to make room for a ligature, and the wound closed with a conviction that the operation

would prove useless. *Hypericum perf.* was applied locally, diluted in the proportion of 1 to 20, and the same remedy given internally at intervals of two hours. The operation was concluded about 5 P. M., and the patient immediately put into bed. He slept all night, the pulse came up to almost the normal standard, and the temperature rose one degree above normal. An occasional dose of *Arsenic* was given after the first twenty-four hours, and improvement went on uninterruptedly, without a single untoward symptom, the patient being discharged well on June 23, the twenty-fourth day after the operation. At this date (Jan. 26, 1880), he remains well.

There can be little doubt that the calcification of the arteries extended as high as the iliac; and as all the vessels of the stump were plugged with thrombi, it would be a matter of interest to determine where the material needed for the repair of such a large wound came from. That there was no pain, may be attributed to the *Hypericum;* this assertion I venture on the experience of its use in sixty-four operations, major and minor, in 1879. That the gangrene did not invade the stump, experience in the past would lead me to give credit to the *arsenic.* At all events, a case that any accomplished surgeon would have pronounced hopeless, both from the nature of the lesion, the age of the sufferer, and his bodily condition, was radically cured under homœopathic treatment.

ARTIFICIAL ALIMENTATION.

BY MARY J. SAFFORD, M. D., BOSTON.

THERE are diseased conditions when it is impossible for the food to be conveyed to the stomach through the normal channels, — the mouth, the pharynx, and the œsophagus. Wounds from the discharge of a gun or pistol, severe contusions from railroad accidents, cancer in the mouth or throat, and stricture of the œsophagus, may make it impossible to swallow food. Under such circumstances it becomes very necessary to know how to sustain the demands of the system and keep the patient alive

Insanity sometimes takes the peculiar form of a refusal to take food by the mouth. It is very difficult to force food, solid or liquid, down the throat when there is persistent resistance made against it. Liquid, or even semi-solid food, under such circumstances, may be forced through a tube into the stomach; but a more frequent method of procedure is to inject through the nasal passage. Beef tea or milk may be given in this way, from two to four drams at a time, until a pint is consumed at one feeding. Very feeble children, who strangle readily and

swallow with great difficulty, are often fed with more ease and success through the nasal passages.

When, from stricture or any other cause, it is impossible to force a sufficient quantity of nourishment through the œsophagus into the stomach to maintain life, then other methods must be resorted to. Injecting of food through the rectum has generally been the method adopted; and broths, beef tea, and milk have been the materials selected.

It still remains, I think, a mooted point if fatty, caseous, and albuminous elements can be absorbed by the large intestines, because of the lack in them of lacteal vessels.

For the most careful and extended experiments that have been made in reference to artificial alimentation, we are indebted, as usual, to the Germans. Czerny and Lichtenberger experimented upon a man with five fistulous openings in the lower part of the colon. The portion of the bowel experimented upon extended up twelve inches, including the rectum and a small portion of the sigmoid flexure. Water alone injected was slowly absorbed. The white of hard boiled eggs, starch, and fats were not acted upon, and showed no digestive changes; but when these substances had been subjected to artificial digestion previously, they were absorbed. Leube, of Erlangen, has used and recommends a preparation of scraped raw meat, combined with a trituration of pancreas of the pig or ox. These are made into an emulsion the consistency of soup, and injected into the rectum. Rectal injections of blood from the ox or sheep have also been used. Stricker, Menzel, and others in Germany have tried hypodermic injections of peptones, both in men and dogs. Olive oil, almond oil, milk, yolk of eggs, and sugar have also been used. The latter substances were rapidly absorbed, while the former disappeared slowly.

The "Gazette Medical de Paris" describes a case of a Hungarian, who refused to swallow food and was nourished for more than two years by injections into the stomach through an œsophageal tube. Finally olive oil, subcutaneously injected, was resorted to twice a day, and from fifteen to twenty centigrams were injected. This seemed to nourish the patient well, for he held his own in flesh and strength.

Immersing the body in some nourishing substance, as milk or broth, was at one time resorted to as a source of nourishment by absorption. Physiologists now look upon it as doubtful if the skin is active as an absorbing surface, to the extent at least of supplying the waste of the system. Inunctions of cod liver, sweet, and castor oil were formerly very frequently used in cases of marasmus, especially among aged people and children. The practice is being revived considerably of late, and in some instances with marked success.

BOSTON UNIVERSITY SCHOOL OF MEDICINE.

THE Seventh Annual Commencement exercises of the Boston University School of Medicine were held in Berkeley Street Church, Wednesday, March 3, at half past two o'clock. As usual on such occasions, there was a very large attendance of the friends and relatives of the graduates and those interested in the school; more, in fact, than could be seated in the church. Upon the platform were the trustees of the University, the faculty of the School of Medicine, and a number of invited guests, including his Excellency Gov. Long, Hon. Otis Clapp, Dr. Chamberlain, of Worcester, Rev. William R. Clark, D. D., of East Boston, and others.

The exercises were opened with music by the orchestra of the Germania Band, and the invocation was offered by Rev. Wm. Burnett Wright.

THE DEAN'S REPORT.

I. T. Talbot, M. D., the dean of the school, offered his annual report, recommending the graduating class for the honors of the degree of M. D. The class consisted of thirty-five members, — nineteen men and sixteen women. The course of study, he stated, has been and is being made more thorough, the present graduating class having a more complete instruction than any previous class, and being better prepared and equipped for their work. The college has a dispensary attached to it, which last year gave out about 30,000 prescriptions, and the students are required to study into cases, and to give a written report of the disease and condition of at least twenty patients during the year. Feeling that there was need for a more full course of study in medicine than it has been usual to give in the past, the Faculty of the college have started a four years' course, in connection with the present three years' course, the first pupils in which will graduate next year. Its success has been better than they hoped, the number entering its classes constantly increasing. The address closed with a brief review of the early struggles of the followers of homœopathy against the severe and unmerited denunciations of the old school of physicians, contrasting it with the present day, when its merits have secured to it a just recognition, even from its enemies, and many of its remedies and methods are used by the old-school physicians, either knowingly, or as new discoveries which they do not recognize as having been used by the homœopaths for years.

THE SALUTATORY.

Miss Stella Manning, of Marlboro', delivered the salutatory address, which after alluding to the past experiences and future hopes of the class, went on to describe briefly the methods of study, saying that they felt seriously the need of more clinical instruction, which they have not all the desired means of gaining, as the two great hospitals of this city — the City and the Massachusetts General — are closed to the female students of the Boston University School of Medicine. The Faculty of the University last year petitioned the trustees of the City Hospital to allow such students the privilege of visiting the hospital, but after pondering over the matter for nearly a year, they refused to grant it; so at present they must visit London, Paris, Vienna, or New York to gain this experience. On behalf of future students she asked those present, who were citizens and taxpayers of Boston, to use their influence to procure them this privilege with regard to the City Hospital.

THE DEGREES CONFERRED.

After some music by the band, the President, William F. Warren, LL. D., conferred the degrees upon the graduating class. In his address he spoke of their advance in study during the years they had been in college, and impressed upon their minds the fact that in this progressive age of the world they not only needed to start even with the knowledge of the day, but to keep up even with it. To do this requires constant work, n d the progress of the next fifty years will probably far outstrip that of the last century. To master this knowledge and keep in the advanced ranks of practitioners will require the utmost effort. He then awarded diplomas to the following graduates:—

THE GRADUATES.

Stephen Goodhue Bailey, A. M., Lowell, Mass.; Charles Wilson Bresenham, South Abington, Mass.; Lucy Stearns Carr, Marblehead, Mass.; Frances Henrietta Cole, Boston, Mass.; George Seymour Cummings, Ashburnham, Mass.; Jane Smith Devereaux, Marblehead, Mass.; Ellen Louise Eastman, Woburn, Mass.; Alice Bird French, Winchester, Mass.; George Howard Fulford, Lorraine, N. Y.; Seth Vale Goldthwaite, Boston, Mass.; Mary Jane Hall, Boston, Mass.; Susan Peckham Hammond, Killingly, Conn.; Amos Lindsay Holbrook, Rockland, Mass.; Stephen Worcester Hopkins, West Acton, Mass.; Henry Ames Jackson, Providence, R. I.; Lora Coates Jackson, Philadelphia, Pa.; Charity James, Carlisle, Iowa; Joseph Melville King,

Orrington, Me.; John Edgar Kinney, East Wareham, Mass.; Stella Manning, Marlboro', Mass.; Catherine Ann Mills, Port Byron, N. Y.; Kate Gertrude Mudge, Lawrence, Mass.; George Edward Norcross, Jamaica Plain, Mass.; Horace Packard, West Bridgewater, Mass.; Charlotte Evans Page, Lowell, Mass.; Frederick Bosworth Percy, A B., Bath, Me.; Willard Osman Ruggles, Worcester, Mass.; Edwin Herbert Russell, Florence, Cal.; Julia Ann Bray Russell, Malden, Mass.; Samuel Green Sewall, A. M, Boston, Mass.; George Albert Slocomb, Millbury, Mass.; Charles Sullivan Stanley, Lawrence, Mass.; Mary Elizabeth Webb, Peoria, Ill.; Emma Jane Welty, Gettysburg, Pa.; Benjamin Herbert Young, A. B., Rowley, Mass.

As the graduates stepped forward to receive their diplomas, they were received with applause, and with a varying quantity of bouquets, ranging from one or two up to a number which it puzzled some of the more fortunate ones to carry gracefully at one time. Mingled with these were occasional presents of a more substantial kind, such as books, medicine cases, etc.

HIS EXCELLENCY GOV. LONG

was called upon for a speech, and responded in his usual happy manner, speaking of the important place filled in the community by physicians, and the value of well-instructed, conscientious men and women in that profession. The speech was greeted with loud applause.

THE VALEDICTORY.

After this there was some more music, and then George A. Slocomb, M. D., delivered the valedictory from the class, making a pleasant, straightforward address, alluding in a kindly manner to several of the classmates who were not present, and to the fact that now the pleasant years of study were over, and the hard work of life was to begin. All personal differences, if there were any, should be sunk, and his classmates should remember only that they were classmates, and however scattered over this broad continent they might be, should continue to hold a friendly feeling toward each other, and be ever ready, should there be need, to extend a helping hand.

The valedictory from the Faculty was delivered by Prof. Conrad Wesselhoeft, M. D., and in it he gave his young colleagues some very good advice with regard to their conduct in life, and the importance of conscientious work, and the avoidance of unscrupulous practices.

Last year provisions were made for prizes for essays upon several subjects, and one of them, that of $30, for the best essay

by a member of the graduating class upon the "Germ Theory of Disease," was awarded to Stephen Goodhue Bailey, A. M., of Lowell. The others will be awarded at the closing exercises of the school in June next. The exercises were then closed with prayer by Rev. William R. Clark, D. D.

RECEPTION IN THE EVENING.

In the evening the Faculty of the school gave a reception to the graduating class at Hotel Brunswick. About one hundred and fifty, including the alumni, graduating class, Faculty, and a few invited guests, were present, and the evening passed very pleasantly. The occasion was a purely social one. For an hour or more the guests wandered through the parlors of the hotel, renewing old friendships or taking leave of their classmates and teachers. About half past nine they proceeded to the supper-room, where an informal and social supper awaited them. After duly enjoying it, a pleasant dance closed the evening's entertainment. The exercises of the day and evening all went off very pleasantly, and will long be one of the bright spots in the memory of all who participated in them, and especially so to the memories of the class whom it ushers into the duties, pleasures, and sorrows of every-day life.

A SUBSTITUTE FOR ENUCLEATION.

BY H. C. ANGELL, M. D., BOSTON.

[*From fifth edition, supplementary issue, of "Diseases of the Eye," just published*]

Division of the optic and ciliary nerves has lately been devised by Schoeler, of Berlin, as a substitute for enucleation in sympathetic ophthalmia. It is done under anæsthesia. An opening being made in the conjunctiva over the rectus internus or externus, the muscle is divided at its insertion in the sclerotic. The globe then being conveniently rotated, a pair of curved scissors is passed through the opening to the posterior part of the eyeball, and the optic and ciliary nerves severed. The hemorrhage is of course considerable: the blood escapes into the cellular tissue of the orbit, the globe protrudes, and there is subsequently severe ecchymosis of the eyelids. Under the use of cold compresses for some days, the blood is, however, absorbed, and any ciliary irritation or tenderness in the other eye rapidly disappears, — the media through which the sympathetic irritation passes being no longer in connection with it. The advantages of this procedure over enucleation are chiefly these: —

The expense and annoyance of an artificial eye are avoided.

If the eye, left in its place, is atrophied, it makes an excellent stump for the support of an artificial one.

In children, the removal of an eye changes the development of its surroundings, and this operation offers a chance of escaping this disadvantage.

Some patients might consent to this operation who would not to enucleation, and thus preserve sight.

The out-door exposure of the empty orbit, in the poorer classes, may be avoided.

The disadvantages are chiefly these:—

There is sometimes considerable reaction and pain after the operation, and the effusion of blood disappears slowly.

It is sometimes necessary to remove the eye subsequently, in consequence of the inflammation set up by the operation.

The operation may fail from a reunion of the severed ciliary nerves, and in one instance the optic nerve has reunited.

It is, therefore, too early to determine the value of this procedure as a substitute for enucleation. I think the tendency at present is to adhere to enucleation.

HOMŒOPATHIC REGIMEN.

SHALL IT BE KEPT UP, SIMPLIFIED, OR ABOLISHED?

BY DR. H. BERNARD.

Translated from "Revue Homœopathique Belge," and abridged by K. P. W.

THE question of homœopathic regimen seems to me eminently practical. Each one of us can contribute something to make the subject clear, by offering his personal experiences.

This appeal to the individual observation of all is especially opportune, because there exists in regard to homœopathic regimen the greatest difference of views, some expressing them even in the most absolute and arbitrary manner.

The books of Dr Van den Nencker and Dr. Harlebeke have made the question particularly interesting at present, and have suggested the idea of discussing the value of the regimen generally known as homœopathic. According to some of our best physicians, homœopathy furnishes its adepts with weapons powerful enough to allow them to give up entirely any special regimen, and thus demolish one scarecrow by preventing our enemies from attributing all the merit of our cures to regimen alone. If, on the contrary, we listen to the voice of homœopathic tradition,— that of Hahemann and his first disciples,— and pre-

scribe a diet proper to insure or to assist the action of our remedies, our duty will be frankly and resolutely to assume the responsibility of so doing, even at the risk of making our prescriptions unpopular.

Between these two radically opposite ideas are half-way opinions, which induce me to state the question as I have at the beginning of this article.

In a paper read in 1867, at the Homœopathic Congress in Paris, Dr. Perry made this statement: "The words *homœopathic regimen* have no meaning for me: there is no special regimen for homœopathy different from that of the old school; there is only a regimen for every patient, according to his constitution, his diseased state, and the plan which the physician proposes to carry out."

Dr. Alexis Espanet expresses himself on this question in nearly the same terms. The opinion of Dr. Ruddock is very similar: he says, "Homœopathy is not a dietetic system, but a system of medical treatment. A long experience proves that the curative action of remedies chosen according to the law of similars is little influenced by the customary food or drink. Consequently, except for certain articles which disturb the bodily functions of the patient, or impose on weak or diseased organs a task beyond their strength, homœopathic physicians may be said to prescribe no regimen for their patients." This sentiment is analogous to that in the "Lehrbuch," edited by Willmar Schwabe, who says, "Habits must be taken into consideration, unless they have contributed to bring about the disease, or to keep it up, or unless they are antidotes to the prescribed remedies." To this last category would belong, in the opinion of most homœopathists, coffee, which, however, is the antidote of only a few remedies (*Aconite, Bellad., Bryonia, Cham., Cocculus, Ignatia, Ipecac., Hyosc., Lycop., Nux Vom., Phosph., Puls., and Veratrum*).

One of the most decided partisans of the abolition of regimen is Dr. Russell, who says in the "British Journal of Homœopathy," that it is impossible to avoid medicinal substances in food, and quotes the chemical analyses of bread and the drinking water of London. He adds, "To observe such a regimen as Hahnemann prescribes is quite impossible, and not at all advantageous. Every one must eat and drink what he has found by experience suits and pleases him best."

All these are serious arguments in favor of a theory which might have appeared revolutionary to many of the earlier homœopathists.

This abolitionist theory is to me too dogmatic, and contrary to the true interests of our system and of our patients. In my opin-

ion, the truth is in this case, as it often happens, between the two extremes. "*In medio virtus.*" But, with Mr. Teste, I think that an excess of severity, unless it tend to discourage the patient, is preferable to the opposite extreme.

It would be wearisome to quote the thousand rules of regimen adopted by our professional brethren. Escallier forbade pepper, acids, aromatic food, and coffee. Landry advises his patients to avoid salads, acids, liquors, pork, stimulating or strongly spiced meats, and perfumes. These examples will explain the theory of the conciliators, in contrast with the conservatives and the abolitionists.

The reasons which prevent me from absolutely giving up regimen are: —

First. Without undervaluing experiments which contradict Hahnemann and his first disciples, I think we are apt to forget the genius of the pioneer in therapeutic truth. Careful, comparative experiments should not be neglected; in doubt, we should not hasten to dispense with the last of the pages written by our master on this subject.

Second. The unexaggerated precepts of the homœopathic regimen are only those of a rational and well-understood hygiene. I have often heard allopathic physicians regret that they could not compel their patients to follow a regimen similar to ours.

Third. The relative minuteness of our doses certainly imposes on us greater precautions against the influence of disturbing pathogenic agents. To abolish regimen is to open the door of a house without knowing whether friend or enemy will enter, which is at least an imprudence.

Fourth. To give up the regimen entirely implies a denial, more or less formal, of antidotes. Thus, Dr. Perry has almost reached this logical conclusion, of which the corollaries are very dangerous, — namely, an arbitrary mixing up of allopathic and homœopathic remedies; a combination which might end in a therapeutic mess.

If homœopathic regimen is necessary, we should formulate its reasonable exactions, at the risk of conflicting with interest or opposing customs. If it is useless, let us give it up at once, and cease to repel our patients by severity, which in some cases renders our methods unpopular, and might seem to justify the belief, carefully encouraged by our adversaries, that in homœopathy the regimen is the only thing which works a cure.

Whatever may be the ultimate solution of this question, I think it is not unworthy a conscientious and thorough examination.

Reviews and Notices of Books.

Étude sur le Traitement Homœopathique de la Constipation. Par M. le Dr. H. Bernard, de Mons. Bruxelles: Van Assche. pp. 160.

We had already glanced over this work from month to month as it came out in instalments in the *Revue Homœopathique Belge.* The author divides the subject into three parts: first, preventive, hygienic, and accessory treatment; second, homœopathic treatment proper; third, palliative or surgical treatment. By far the greater part of the work is occupied with the second division, the author preferring in this important part to take up individually each drug likely to be of service in combating this affection, and to discuss its peculiarities and adaptability to different conditions, rather than to mention the different forms of constipation and give the therapeutics under each head. He does, however, at the end of the book, occupy a few pages in this way, under the following classifications of constipation: Idiopathic, irritative or sub-inflammatory, spasmodic or constrictive, paralytic, that from diminution of intestinal mucus, that from mechanical obstacles, hemorrhoidal, hepatic, uterine, and infantile. We think that this monograph would bear translation into English.

Curability of Cataract with Medicines. By J. C. Burnett, M. D. London: The Homœopathic Publishing Co. 1880. pp. 208.

Ophthalmic surgeons throughout the world are perhaps united on no subject so much as on the incurability of cataract with medicines, and they will probably look with derision on Dr. Burnett's little book, which is devoted to narrating certain cases which were ameliorated or cured by him or by others in this way. It will do no harm to agitate the subject, as stranger things than that have come about; and as surgeons advise no interference until the cataract is ripe, surely no harm could come by experimenting on such patients with homœopathic medicines, provided no promise of a cure were held out to them. The book is written in Dr. Burnett's usual interesting style.

An Elementary Text-Book of Materia Medica. By A. C. Cowperthwaite, M. D., Ph. D. Chicago: Duncan Bros. 1880. pp. 400.

After careful examination, we hasten to express our opinion that for the student this is the best materia medica which our

country has yet produced. We hope and expect that it will be adopted as a text-book in our colleges. The author, from his position as Professor of Materia Medica in the Homœopathic Medical Department of the University of Iowa, has evidently learned what students need. He has sense enough to know that to force them to try to cram page after page and volume after volume of an unmeaning succession of mere symptoms, is as unprofitable as it would be to memorize alphabetically the words of Webster's unabridged. He has therefore presented in a clear and concise manner the prominent features of the more important remedies in full enough detail, preceding this array, under the usual anatomical headings, with a brief account of the physiological action of each drug, which makes a very intelligible introduction to its study, and succeeding it very happily with its therapeutic range. This latter is really for the student a very great help, no matter how much the advanced homœopathist may cry out against treating disease by name, a practice which we by no means commend. Still, it is easier to carry a large number of sticks, if they are done up in bundles, than if they are loose. A pathological name brings to mind very quickly a collection of symptoms, some of which are constant even if others are shifting. We even wish that Dr. Cowperthwaite had gone a little further and added to his book a CLINICAL INDEX. The paper and typographical work are very neat, but the binding might be improved on.

SURGICAL THERAPEUTICS. By J. G. Gilchrist, M. D. Third Edition. Chicago: Duncan Bros. pp. 600.

This book has become so well known to our profession in its earlier editions, that it is only necessary here to say that the present edition is a very great improvement on its predecessors. It has been so thoroughly revised and rewritten, albeit keeping the same old object in view, that those who appreciated the first edition will want to supplant it with this. The book is divided into three parts. The first treats of general surgical diseases: such as inflammation, erysipelas, suppuration, pyæmia, ulceration, mortification, shock, traumatism, and tumors. The second part takes up systemic surgical diseases: as of the nerves, blood-vessels, muscles and tendons, bones, joints, and nails. The third, regional surgical diseases: as of the head, face, nose, mouth, throat, neck, chest, spine, abdomen, anus and rectum, genito-urinary organs, and venereal diseases. The great idea which the author here desires to carry out is conservative surgery, an idea for which there is certainly room in the world. He has done his work very well. Operative Surgery is reserved for another work.

We cannot resist a little playful criticism. At the end of his Preface, after acknowledging his obligations to Drs. T. C. Duncan and H. B. Fellows, for aid in seeing the book through the press, Dr. Gilchrist shows, we think, a great excess of modesty in quoting the lines of the old play, "What of merit may be found, give to us three; what of blame, give to me alone." Before getting out his fourth edition we advise him to read Frank Bellew's dedication of his little book, "That Comic Primer," to his publisher, Mr. G. W. Carleton, to whom he says: "We have toiled over its pages hand in hand, till it has assumed its present complete form. Whatever in this book is untrue or uncertain or incomplete, belongs to you; whatever is true or noble or helpful, is mine."

HALE'S MATERIA MEDICA AND SPECIAL THERAPEUTICS OF THE NEW REMEDIES. In two vols. Vol. II. Fifth Edition. Boericke & Tafel. 1880. pp. 901.

Hale's New Remedies is one of the few works which *every* physician, no matter how poor he may be, ought to own. Many other books are very nice to have, and very desirable, but this is indispensable. The volume before us is an elegant specimen of the printer's and binder's art, and equally enjoyable when we consider its contents, which are not only thoroughly scientific, but also as interesting as a novel. Thirty-seven new drugs are added in this edition, besides numerous additions to the effects of drugs previously discussed. Among the new ones we notice the new anæsthetic, *Bromiae of Ethyl;* the widely praised antimalarial, *Eucalyptus;* the celebrated "anti-fat," *Fucus vesiculosus;* the California asthma remedy, *Grindelia robusta;* the famous *Kumyss* (fermented mare's milk), originally the national beverage of Asiatic nomadic tribes, now used extensively in the treatment of consumption; and the rheumatic's delight, *Salicylic Acid.* We must say, and reiterate if necessary, that Dr. Hale has hit the nail on the head in his plan for presenting the new remedies. It does well enough to tabulate and catalogue, for reference in looking up cases, barren lists of symptoms; but for real enjoyable study, for the means of clinching our information and making it stand by us, give us volumes planned and executed like that now under consideration.

MEDICAL CHEMISTRY. By Prof. C. Gilbert Wheeler, of Chicago. Published by S. J. Wheeler, Chicago. Second and revised edition. pp. 424. $3.

The first part of this work is devoted to organic chemistry, giving brief but clear outlines of the properties of the alcohols,

ethers, hydrocarbons, acids, bases, sugars, etc.; the second, to animal or physiological chemistry, explaining digestion, respiration, animal heat, the secretions, etc. In looking over the analysis of the urine, we have been considerably surprised at the absence of the usual representation of its constituents as they appear under the microscope, and do not know how to account for it. The author has collected and condensed a great deal of valuable material, and has presented in a very clear and attractive form the latest results of chemical research. He has shown his wisdom in not trying to teach medical students everything pertaining to chemistry. Those who master his judicious selections will surely have enough for every-day use.

STAMMERING AND ITS TREATMENT. By E. B. Shuldam, M. D. London: Hom. Pub. Co. pp. 72. 1880.

The gifted author of this little *brochure* takes as his motto Canon Kingsley's words, "As for stammering, I believe it to be perfectly curable"; and then proceeds, after a very interesting and sprightly dissertation on the subject in general, to recommend elocutionary measures rather than medicinal, pinning great faith to the art of breathing in all its niceties, and to the general rules of hygiene.

TRANSACTIONS OF THE NEW YORK HOMŒOPATHIC MEDICAL SOCIETY, FOR 1879. Vol. XV. pp. 320.

That the publications of this society are far more valuable than those of any other "goes without saying." It might be said that well they might be, on account of the very large number of our physicians in that State, and the pecuniary State aid. Still we believe that a resolute body of men, even without these advantages, might come nearer this standard. We have been much pleased by casually glancing over the various articles, and hope to have some time a little leisure for making a closer acquaintance with them. Dr. Paine's paper on dynamization and the minimum dose may here be found in full, Dr. Blumenthal defines the sphere of homœopathy, Dr. Cowl discusses the immediate causes of death, Drs. Talcott, Lilienthal, Butler, and Paine give "insane" articles, Dr. Brinkman writes more about the umbilicus than most of us now know, Dr. Whitney gives us the history of the art of laryngoscopy, Dr. Hotchkiss tells what can be done with the bandage in surgery; and in fine, many more articles can here be found, which the profession will enjoy. Copies of the book can be had of Dr. Coburn, 91 Fourth Street, Troy, N. Y., for $1.00 paper, or $1.50 cloth.

TRANSACTIONS OF THE PENNSYLVANIA HOMŒOPATHIC MEDICAL SOCIETY, FOR 1879. pp. 168.

We have been surprised that the large and enterprising State of Pennsylvania should have such a dead homœopathic society as this has been for several years. Now, however, an effort seems to have been made by a few men to resuscitate it; and in connection with this effort at resuscitation we have to chronicle the smartest thing on record in society publications. The annual meeting was held Sept. 2 and 3, 1879, and the printed volume of Transactions, neatly bound in cloth, reached us Nov. 19, 1879. We feel bound to report the names of such an active publication committee. They are Drs. Z. T. Miller, R. E. Caruthers, W. H. Winslow, and J. F. Cooper. May others emulate their example! We find materia medica papers by J. K. Lee, Ad. Lippe, and W. J. Martin, papers on uterine tumors by J. H. Marsden, on congestive dysmenorrhœa by J. C. Burgher, rigid os by Dr. Friese, a long and interesting paper on nasal catarrh by the Allegheny County Medical Society, one on air in health and disease by Dr. T. M. Strong, etc., etc.

FAILURE OF THE QUACKERY BILL.

ON this bill, as published in the March GAZETTE, the committee of the Massachusetts Legislature on public health has decided to report "leave to withdraw." It is understood that the minority will report the following bill:—

Be it enacted, etc.:

SECTION I. Any practitioner of medicine, surgery or midwifery, or any other person professing to heal the sick or to cure disease, in whatever manner, who shall use or assume the title of doctor or of doctor of medicine, without having received the degree of doctor of medicine from a reputable medical institution, empowered by special charter to grant the same, shall be punished by fine not exceeding $500; and in any prosecution hereunder the burden of proving such degree shall be upon the defendant: provided that this section shall not apply to any person who has used the title of doctor for fifteen years in this Commonwealth, or to any person who, at the time of the passage of this Act, is a member of any medical society of this Commonwealth lawfully exercising the power to examine and approve its members before admission; but it shall not be necessary to negative these exceptions in any complaint or indictment hereunder.

SECT. II. Any person who shall practise or publicly offer or advertise to practise medicine, surgery or midwifery without possessing and exercising a reasonable degree of learning, skill, and diligence therein, shall be punished by a fine not exceeding $500.

SECT. III. No certificate of death shall be received or recorded by any town or city clerk or registrar unless the same is signed by some person lawfully using the title of doctor or doctor of medicine, according to Section I. of this Act.

HOMŒOPATHIC MEDICAL DISPENSARY, BOSTON.

REPORT OF PATIENTS TREATED DURING THE YEAR 1879.

	NEW PATIENTS.	PRESCRIPTION.
Central Dispensary, 14 Burroughs Place . . .	1,285	3,770
Out patients	177	482
West End Branch, Charity Building . . .	953	2,216
Women's Department	700	2,202
Out patients	154	414
College Branch, East Concord Street: —		
Medical Department (open every day) . .	3,766	7,937
Surgical Department " " . .	426	1,133
Women's Department " " . .	504	1,397
Dental Department " " . .	1,049	1,131
Eye and Ear Department (open M. and Th.),	564	1,531
Heart and Lungs Department (open W. and Sat.)	436	1,329
Throat Department (open Tu. and Fri.) .	145	580
Children's Department " " . .	218	723
Skin Department (open M. and Sat.) . .	219	772
Out patients	1,230	4,479
Total,	11,826	30,096

H. C. CLAPP, M. D., *Supt.*

OUR MISCELLANY.

VIVISECTION. — A petition has been circulated in New York against Bergh's bill recently introduced to prevent vivisection. It was presented to medical men only, and all, with one or two exceptions, signed it. Prof. John C. Dalton was most active in setting this movement on foot. It was undoubtedly owing to this petition that the bill was killed.

ENCOURAGEMENT. — A young doctor soon after his removal to a new place, being asked how he was getting along, replied: "Doing well; just had a case of obstetrics; the mother died, so did the baby; but I hope by hard work to pull the old man through yet."

EDUCATIONAL. — The London University Medical School has had its examinations so rigid that only about five per cent of the candidates were successful. It is now proposed to lower the standard, so as to give more students the educational advantages of the school.

— The medical department of the University of Michigan announces a three years' course, of nine months each year, beginning in October, 1880.

REMARKABLE PRESCIENCE. — "I suppose you think me a bit of a humbug?" said a quack, while feeling the pulse of a patient who had reluctantly consented to ask his advice. "Sir," gravely replied the sick man, "I was not aware, until now, that you could so easily read a man's thoughts by feeling his pulse."

DR. DIXON, of the Scalpel, said that a certain M. D., after being called to see a sick infant, when questioned as to the case, and what he prescribed, said: "I

could n't exactly find out what ailed it; so gave it a dose of castor oil, a little paregoric and an injection, and then — bap.ized it."

A BULL. — The report of an Irish benevolent society says: "Notwithstanding the large amount paid for medicine and medical attendance, very few deaths occurred du.ing the year."

GOOD ADVICE — Rev. Howard Crosby, at the commencement exercises of the Medical Department of the University of New York, Feb. 17, 1880, made a sensible, practical address, in which he presented the following aphorisms: "A rolling stone gathers no moss. The early bird catches the worm. If the doctor were ready on call, the people would be ready with calls. Pleasant words are health to the bones. Industry wins the prize. Nip mischief in the bud. Yours is a profession and not a trade. The object of a trade is to make money; the object of a profession is to bless mankind." — *Ex.*

IS IT TRUE? — "Three faces wears the doctor. When first sought,
An angel's; and a god's, the cure half wrought;
But when, that cure complete, he seeks his fee,
The devil looks less terrible than he" — perhaps.

CHLOROFORM. — The increase in the number of deaths recorded from the use of chloroform as an anæsthetic has become a subject of most serious contemplation and the question now arises, How far can the death rate from chloroform extend before justifying an indictment for manslaughter? We have one case from the "Leeds Mercury," where this anæsthetic was used for the enucleation of a diseased eyeball. There were no unusual signs to indicate danger, but the heart's action suddenly failed, and the man died in a few minutes. Another case occurred in Somerville, N. J., where a boy of five years was being operated on for the removal of a bit of glass from the foot. During the operation, the father, who was holding the child, fainted, and both fell to the floor; the boy expired almost immediately. Death was due to paralysis of the heart. Another instance occurred at the Eclectic College of Chicago, in presence of the class. The patient was a robust young man of twenty-one, a farm laborer, and excepting necrosis of the tibia, which necessitated the operation, he was in good condition, but excessively nervous. Death occurred before anæsthesia had been induced, and it "was caused by sudden arrest of respiration." The use of chloroform where ether will answer as well amounts to no less than a criminal act. No man has any right to peril the life of any human being.

IMPARTIALITY? — A contemporary had dared to suggest the idea of partiality existing in our profession! He thinks that should a patient chance to die under homœopathic treatment, some few in the community might look wise and imply, if not assert, that "he ought to have been saved," and "such a pity Dr. Blister could not have had the case," etc. But when a patient is "translated" or "scientifically *disposed of*" under the heroic treatment of the elder brethren, the same few look upward — at the ceiling — and say, "It was the will of Providence."

SEVEN MONTHS IN A WARM BATH. — From the "Homœopathische Rundschau," we have several instances of cures from prolonged warm baths. One was a woman sixty-five years old, who had contracted a complicated fracture of the lower thigh, necessitating her transfer to the chirurgical ward of a city hospital. By reason of her advanced age, the healing process was protracted, and resulted in an extensive bed-sore on the back, accompanied with inflammation and suppuration, which so debilitated her that her life was in danger. The patient was put into warm baths, during which she seemed improved, but grew worse again after being put back to bed. At this critical juncture, Dr. Schede, a distinguished surgeon, decreed she should remain in the bath permanently, and not return to her bed at all. The patient remained in the warm water bath day and night; and, thanks to this persistent mode of treatment, was discharged from the hospital, perfectly cured.

A similar case was that of a young man, eighteen years of age, who was suffering from general disease of the bone. He became bed-sore, was kept in a warm-water bath for *six months*, after which time he became well, and was discharged from the hospital cured.

In bed-sores Dr. Schede has had astonishing success by permanent immersion.

BREVITY THE SOUL OF WIT. — Dr. Abernethy was celebrated for his laconicism. He disliked long consultations and useless details. A lady, knowing this peculiarity, went to consult him on a serious wound which her dog had made on her arm. She went in, and without saying anything uncovered the wounded part and placed it before the eyes of the doctor. Abernethy looked at it a moment, after which the following conversation ensued: "Scratch?" — "Bite." — "Cat?" — "Dog." — "To-day?" — "Yesterday." — "Painful?" — "No." The doctor afterward said he was so enthusiastic over this Rabelaisean conversation, that he was tempted to embrace the lady. One night, when aroused from his sleep by the ringing of his bell, he asked, "Who is it?" The reply was, "Doctor, come! come! My child has swallowed a mouse!" "Well," said he, "tell him to swallow a cat, and let me alone"; and returned to his bed.

CHLOROFORM NARCOSIS AND NITRITE OF AMYL. — The "Medical Record" contains a communication from John Burke, M. D., giving an account of his experience with a patient on whom he was to perform a small operation on the vagina. She being very sensitive, he thought best to use chloroform, and when about to give the anæsthetic, he was strongly impressed to first send for some *Nit. Amyl.* The chloroform was administered, the speculum arranged, when, on looking at the patient, she was apparently dead; her pulse gone, heart ceased beating, face blanched, no breathing, mouth shut. In a moment twelve drops of the nitrite on a towel were applied to the mouth, and the tongue brought forward by tenaculum. For a moment there was no response; then a slight purple streak through the cheeks, then a reddish tinge, then a feeble pulse, then a deepened color on the face, and breathing returned. In a few moments more she was quite conscious, and put out her tongue when requested. All this occurred in less than a minute.

TAXING THE DOCTORS. — Much has been said lately on the subject of the gratuitous services which physicians should render, and of a tax which should be imposed upon them. A strong effort, too, has been made in Washington to pass a bill compelling doctors to pay $50 per year for the privilege of practising medicine, which seems like the last straw to the camel's back. The city poor are now attended gratuitously, also services furnished free of expense at the hospitals and dispensaries. This alone would cost the city thousands of dollars, if properly paid for, as is everything else furnished to paupers, from butcher's meat to religious consolation. The physicians fill out, gratuitously, certificates of birth and death; they also serve on all kinds of medical boards, health boards, and charitable boards without pay, all of which imply extra labor and special knowledge. The fact that all these services are willingly given does not destroy the obligations they involve, nor justify those in authority in their attempt to impose an unjust tax upon them for their labors.

NOT AN UNCOMMON FORM OF LOGIC. — A very credulous man said he had no faith in vaccination. "What is the use of it?" said he. "I knew a child, beautiful as the day, whom his family had vaccinated. Well, he died two days after." — "What! two days after?" — "Yes, he fell from the top of a tree and was instantly killed. The idea of vaccinating your children!"

MEDICAL BARONETS. — London has five medical baronets, — Sir W. Gull, Sir W. Jenner, Sir J. Paget, Sir T. Watson, and Sir G. Burroughs. Ireland is clamoring for some, and who knows but America may before long claim some?

THE NEW ANÆSTHETIC. — M. Paul Bert's gaseous mixture — nitrous oxide and oxygen under pressure — is now being used in two Paris hospitals. It has been administered in cases lasting over an hour.

SOUND MEDICAL ADVICE. — "And then, with regard to the swelling on the back of your head, I don't apprehend anything serious, but you must keep your eye on it."

ANOTHER NEW LIGHT. — From the "Homœopathic World," we learn of a new means of lighting patented in England, which is a chemical preparation upon card-

board. When placed in the dark, it emits a bluish light, and it is stated that it will work two or three years, by being exposed to a good light for a few minutes each day. The explanation is that the waves of light impinge on the particles of its material (which is said to consist of lime and sulphur), and continue in action for six or seven hours, after which the card must be recharged by exposure to light, when the process is repeated. A small piece of the card-board would, if placed in a letter-box, give light enough to show where to put the letters. In cellars and dark passages it would serve as a substitute for lanterns, without the danger of setting fire to any inflammable or explosive substance which might be about.

COMFORT. — He grumbled out, "This is a dreary world. That's one reason I hate doctors: they helped to bring me into it." A moment later he brightened up and added, "However, they help us out of it in the end, so they are not so bad after all."

IN eleven hydropathic establishments in England, homœopathic treatment is generally resorted to.

RICH AND POOR DEATH-RATE. — Dr. C. R. Drysdale, senior physician to the Metropolitan Free Hospital, London, writes: In 1843 the sanitary commission found that the mean age at death among the richer families in London was 44, while that of the artisan class in the same locality was about 22. In Paris, one inhabitant in fifteen died in the twelfth arrondissement, inhabited by the poorer classes, while in the second arrondissement, or quarter of the rich, the average was one in sixty-five. At another time, between the ages of forty and forty-five, the death rate per 1,000 among those in easy circumstances was 8.3, while among the poorer classes it was 18.7. The inference he draws is, that the main cause of a high death-rate is that indigence which seems fatally to accompany civilization, in spite of the noble efforts of philanthropists and political economists. Dr. Drysdale expresses his opinion that European poverty is caused by over-population, *i. e.*, by over-rapid birth-rates. England has a birth-rate of 36 per 1,000, Russia one of 40 per 1,000, and France one of only 26 per 1,000, with the lowest adult death-rate in Europe and the greatest commercial prosperity. Our informant thinks it is clear France owes all this to her low birth-rate, and suggests that governments make use of these facts, and by slight fines — on those who bring so much misery into life by procreating large families — try to lessen the death rate.

INTERMITTENT FEVER. — Dr. Sanwal Das Ramasnehi has permanently settled in Lucknow (India), and writes that intermittent fever is very prevalent there, but he has had considerable success in its treatment with the mother tincture of *Eucalyptus globulus*, prepared by himself from the leaves of trees cultivated in India by the beneficent government.

DIPHTHERITIC POISON. — An instance of the vitality and virulence of the poison of diphtheria is reported in the "Vratschebnyia Vedomosti." A gentleman in the South of Russia four years ago lost a son from this disease. A family vault has recently been constructed and the coffin of the boy thither transferred. The father wished to look at the body before it was lowered into the vault, and an opening was accordingly made in the lid of the coffin, the whole family, including five children, looking in. The next day all the children were ill with diphtheria, and one of them has since died.

TENACIOUS OF LIFF. — In December last, a boy of fourteen years, living in Paterson, N. J., had his cranium cut almost in two by a circular saw, severing the brain nearly to the base. The wound began near the right nostril, extending upward and backward eight inches through the head, the probe showing that it had penetrated very deeply into the substance of the brain. At first, a comatose condition came on, which was soon followed by partial paralysis of the left arm and left side of the face. After that the patient was at times perfectly conscious, at times delirious, much of the time suffering great pain. The second night after the injury, the paralysis extended to the left leg and foot, the pulse began to fail, and he seemed to be sinking rapidly, but again rallied. On the eighth day from the receipt of the injury, he was seized with convulsions and died from exhaustion. No autopsy was allowed.

DR. WILLIAM KEIM, a well-known physician of Philadelphia, has been suffering seriously from septicæmia. He had been engaged in a case of amputation at the Homœopathic College Hospital, the patient suffering from necrosis of the bone at the knee-joint. The next day, Dr. Keim was alarmed at the sudden pain in his right hand, which was greatly inflamed. His arm and hand became nearly four times their natural size, and the pain was agonizing. A day or two before, he had scratched his right hand with a corkscrew attached to his pocket-knife. He may have to lose a thumb.

OVARIOTOMY. — Dr. Keith, of Edinburgh, has operated seventy times in succession without a death, and one hundred times with only three deaths. In his and Spencer Wells' hands the operation has become less fatal than amputation of the leg or arm. — *British Medical Journal.*

PRECOCIOUS MENSTRUATION. — O. Stocker tells of a twin who at one year of age passed traces of blood. Menstruation had occurred regularly, without peculiarities, since the third year of the child's life, lasting three days. The child is very strongly developed physically, but does not excel in intelligence her companions of the same age.

SUPERNUMERARY NIPPLES AND MAMMÆ. — In examining the chests of patients at the Brompton Hospital for Consumptives, Dr Bruce, of Charing Cross Hospital, found 165 cases of this anomaly, 65 of which were observed in three years. Of 315 individuals taken in succession, 7.6 per cent presented supernumerary nipples.

Of 207 men examined in succession 9.1 per cent, and of 104 women 4 9 per cent were thus characterized. In most of the cases there was but one supernumerary nipple, situated below and within the normal nipple, generally on the left side. The extra nipple was in no case physiologically active.

RELIEF BY THE LAW OF OPPOSITES. — The patient places his finger on the painful spot or spots, and at corresponding points on the opposite side, an injection of simple water is made. Relief and often complete cessation of the pain follows, and flexion or extension of the joint (if that be the part affected) can be made without suffering. The method was applied in various forms of neuralgia, and to joints affected with acute articular rheumatism; the effect in the latter case — the joints being red, swollen, hot, and painful on the least touch or movement — showing that the relief was real. The explanation given is that the local irritation is transmitted to the centres of sensation, producing in them a change, the result of which is the cessation or diminution of the peripheral pain. The real seat of certain peripheral pains is in the centres of sensation. — *M. Dumontpallier, at Séance of Academie de Medicine of Nov. 4.* "*Gazette Hebdomadaire.*"

MEDICAL ADVANTAGES FOR WOMEN IN EUROPE. (Condensed from account given by S. Ida Dudley, M. D.) — At the London School of Medicine for Women, in Brunswick Square, all applicants must be eighteen years of age, and must pass an examination in "arts" before admission as students. The fee for the entire curriculum of non-clinical lectures required by the examining boards is $400.

The Royal Free Hospital is open to students of this school; the fee for one year — and no student is admitted for a shorter term — is $100.

In England a student must go before certain examining boards in order to obtain his degree, however well prepared elsewhere he may have been London University admits women as candidates for examination, and lately the trustees of the Children's Hospital in Great Ormond Street have admitted women to its clinics. At Moorfields, the large Ophthalmic Hospital in London, where Soelberg Wells is one of the attending physicians, it is presumed that women may follow the clinics.

One can have private courses in diseases of the throat at Mackenzie's, Golden Square, or Brown's in Gray's Inn, for $15 for three months. Zurich admits women to the full course, but there a good knowledge of German is requisite. The terms are very much lower than at the London School. Among the faculty are Prof. Frey, author of the best text-book on the microscope; Prof. Horner in Ophthalmology, and Prof. Huguenin in clinical medicine. Berne offers similar advantages to Zurich, and the examinations are said to be easier. Paris offers excellent medical opportunities to women, and there are twenty or more studying there. One who has received

a degree at an American college must go to the secretary of the Faculté de Médecine de Paris, present her diploma, and get a *carte d'entrée aux différents cours*, which would admit her free to lectures and hospitals. There are a few private courses, among which is one on the microscope by Dr. Latteaux. The clinics are free, and held by celebrated doctors, who carry them on at their own expense. That on the eye, under Dr. Galezowski, is said to cost him $5,000 yearly. Dr. Fauvel, on throat diseases, uses a Drummond light to light the laryngeal mirror, so that several people can see at once.

In Vienna the advantages are very great, and there are many private courses which a woman can take in the various specialties. The prices vary from $7 to $15 per course of five weeks. One can so arrange as to fill every hour of the day.

In the large Obstetrical Hospital, where there are more than three thousand births annually, women have a great deal of valuable practical experience.

THE following resolutions were passed by the Western Massachusetts Homœopathic Medical Society, Wednesday, Feb. 18: —

Whereas, In the dispensation of Providence, it has pleased Almighty God to remove from our midst Drs. Wm. R. Bartlett, of Chicopee, and Mary G. Baker, of Worcester, therefore,

Resolved, That the Western Homœopathic Medical Society have in their decease lost valuable members, who had by their labors given abundant promise of a useful future in the practice of their profession.

Resolved, That a copy of these resolutions be published in the "Springfield Republican" and the "Worcester Spy."

Resolved, That a copy of this resolution be sent to the relatives of deceased.

A. HARVEY, M. D.,
WM. G. BROWNELL, M. D., } *Committee.*
LAURA W. COPP, M. D.,

TO YOUNG GRADUATES. — The position of resident physician of the Hahnemann Hospital in this city will be vacant July 1. There will be a competitive examination for the position early in June. The doctor will receive his board, lodging, and washing, also $30 per month.

Applicants may address

JOHN H. THOMPSON, M. D.,
Secretary of Medical Board,
36 East Thirtieth St., N. Y.

OBITUARY.

DR. JOHN H. WOODBURY, a prominent physician of this city up to about a year ago, died Feb. 28, at Clifton Springs, N. Y., where he had resided since last fall. He was a native of North Weare, N. H., and was born in 1831. He spent two years at the Harvard Medical School, and completed his studies in the Homœopathic College in Cleveland, Ohio. He came to live in East Boston about twenty-five years ago, and afterwards removed to the West End, in the city proper, and still later to 165 Boylston Street. He enjoyed a very large and lucrative practice, paying special attention to diseases of women, and was also prominent in political and public life. In 1872, after he had represented East Boston on the school committee, he served a term in the Legislature. In 1873–74, he filled the office of president of the Massachusetts Homœopathic Medical Society, and was quite a prominent member of the American Institute of Homœopathy. He was one of the founders of the Massachusetts Homœopathic Hospital as well as of the Boston University School of Medicine, in which latter institution he held the office of Registrar and Professor of Gynæcology. For several years he has been a great sufferer from that rare disease, *plastic* or *pseudo-membranous bronchitis*, meanwhile having three severe attacks of pneumonia. He leaves a widow and one son, who is now a student at Harvard College. He had a large circle of friends, who were warmly attached to him and who will deeply feel his loss.

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EDITORIAL.

NIGHT MEDICAL SERVICE.

DR. HENRI NACHTEL, of Paris, France, has recently read a paper before the New York Academy of Medicine, in which he described the plan of night medical service which is in actual operation in many cities in Europe, and advocated its introduction into New York and other large American centres. The system was adopted in Berlin in 1872, in St. Petersburg in 1874, in Paris in 1876, in Algiers in 1878, and has worked very satisfactorily. It also exists in Lisbon, in Moscow, Odessa, and Warsaw, in Rome, Milan, and Turin, and will soon be adopted also by Lyons, Marseilles, and Lille.

But what is this night medical service? In all great cities accidents and sudden attacks of sickness are constantly occurring, where patients do not obtain that immediate assistance which they require, and consequently much needless suffering and possibly death ensue. Many persons have no regular family physician, and in an emergency know not where to go for assistance. The first one at whose door they bring up may be absent or sick himself, or unwilling to go. This unwillingness may arise from the fact that, owing to his large and exhausting daily practice, he may be in a position to afford to refuse night calls, and to justify any apparent heartlessness in so doing by the argument that he must have some regard for his own health, and get his necessary repose in order to avoid breaking down. Or an unwillingness may be felt by many men less successful in obtaining business, but who have repeatedly been called on by strangers to do very arduous night work, for which their only remuneration has turned

out to be the *experience* they gained thereby. After they have gained a certain amount of such experience, they are perfectly willing to gain the rest in the daytime, and generously yield such night opportunities to their younger brethren. Besides, it has happened that physicians have been decoyed away from their homes in the night by persons pretending to need their services, and have fallen among thieves. Thus, from one cause or another, much valuable time may be lost by an anxious searcher after a doctor.

Now for the remedy which Dr. Nachtel proposes, and which he says is so satisfactory abroad: In Paris, the government assumes the obligation of providing medical aid for persons taken suddenly ill in the night, and at the beginning was asked to appropriate 10,000 francs for this purpose. In each one of the eighty police precincts, physicians were invited to volunteer to do the night work, and over 600 in all responded. The names and addresses of these physicians were publicly posted in their respective precinct police stations. The person in need of a doctor was instructed to apply at the police station of his or her precinct, and to select from among the names the physician preferred. A police officer would then accompany the applicant to the doctor's house, and then both of them to the patient's house, and would see the doctor home again. On leaving the doctor, the officer would give him a check for ten francs, which would be paid at sight by the police department. If the patient, on investigation, should be found able to pay, the government would collect the same fee of him; if not, the government stood the loss. The hours of the night service in Paris are from 10 P. M. to 7 A. M. from Oct. 1 to April 1, and from 11 P. M. to 6 A. M. from April 1 to Oct. 1. From April 1, 1878, to Oct. 1, 1878, 1,913 visits were made, an average of about eleven each night. The proportion of men, women, and children sick was represented by the numbers 34, 32, and 14. Records were kept of the sex, age, business, precinct, disease (but not name) of each patient, from which more or less valuable statistics were made up.

Whether this system would work well, if introduced into our larger American cities, is a question on which we are not fully decided, and therefore offer no oracular opinion.

MICROSCOPIC APPEARANCE OF COPPER, LEAD, IRON, MERCURY AND SILICA, AND THEIR INSOLUBILITY IN WATER OR ALCOHOL.

BY C. WESSELHOEFT, M. D., BOSTON.

Copper is easily observed in the form of precipitate, which, like that of gold, is now used for triturations. In the form of foil, along with sugar of milk, it is more easily crushed and ground up under the pestle than gold, the powder soon assuming a reddish brown or chocolate color. Some of the metal is already reduced to minutest particles in the first trituration; the larger pieces measuring about $\frac{1}{40}$, the minutest $\frac{1}{1800}$ millimetre, which, according to my measurements with a magnifying power of 1,100 diameters, is the limit. If the comminution continued progressively beyond this figure, it would, as in the case of other metals, be easily recognizable under the microscope.

The dimensions of the particles of precipitated copper appear to be equal to the smallest obtainable particles of copper foil, the average size of which is somewhat above that of precipitated gold, from $\frac{1}{1000}$ to $\frac{1}{1800}$ millimetre; that is somewhat below, but more correct than the dimensions given in my first report, where they were stated as $\frac{1}{1200}$ millimetre. Dr. O. Buchmann gives the dimensions of precipitated copper as from $\frac{1}{1000}$ to $\frac{1}{1500}$ millimetre. My measurements, like those of gold, were made with an amplification of 1,100 diameters, though the particles are perfectly visible at 55 diameters. Dr. Buchmann considered them to be perfectly transparent, and to transmit blue light.

We must distinguish translucency from transparency. The latter is entirely out of the question, and has never been claimed for any metal; the former holds good only in regard to gold and silver beaten to the thinnest foil. The question of translucency of copper is very easily determined by comparing its finest particles with those of a positively transparent substance, like glass. Grind a drachm of the latter for an hour; then mix a fragment of the impalpable powder with balsam, and draw a fine line of the mixture upon a slide; by the side of this, draw another line of copper mixed with balsam. The two lines should be as close together as possible. The higher powers of the microscope will easily show the difference between the transparent and translucent particles of glass and those of copper (gold, lead, etc.), the latter appearing quite dark or black, with transmitted light. Both, however, show slight diffraction, *i. e.*, inflection of light, causing the appearance of translucent circles, when the particles are not perfectly in focus.

If copper is observed, as by Buchmann, when floating in

liquid between cover and slide, and during active molecular and other kinds of motion of particles, upon which the sun is shining brightly, these appear not only in blue light, but in all colors of the rainbow. Control-tests with balsam and other preparations, and proper management of light, do not show these phenomena of refraction and diffraction.

The precipitate of copper, triturated for hours beyond the usual time, exhibits no further comminution, as will also appear in the examination of mercury, lead, glass, etc., which will be described later; but already at this point we have very strong indications of the limit to which mechanical comminution may be carried. Still, it is asserted by Dr. Buchmann that not only smaller particles exist, but that the "structure" (*Gefüge*) of copper becomes visible. This contains a contradiction in itself. While Buchmann asserts the presence of "indefinable," "immeasurable," and "shadowy" particles, he claims to be able to define the "structure," at the same time avowing his inability of defining or measuring particles below $\frac{1}{2500}$ millimetre; while microscopists find no extreme difficulty in measuring the markings of *Frustulia Saxonica* or *Navicula rhomboides* as $\frac{1}{3500}$ millimetre.* Those of the larger specimens of *Navicula rhomboides* do not even require the very highest powers, but can be seen with a good $\frac{1}{10}$ and low eye-piece at an amplification of 500 diameters. In the presence of such facts, statements about indefinability of particles of copper and visibility of its structure are extremely incongruous.

Lead, though ductile, is ground very easily with sugar of milk, the gritty nature of which seems to cut the lead readily, especially when small proportions of sugar of milk are used. The centesimal triturations contain particles of lead of which the majority measure $\frac{1}{5}$ to $\frac{1}{4}$ millimetre. Among them are found some of the minutest particles which can be produced, of $\frac{1}{2500}$ to $\frac{1}{3000}$ millimetre. It is not easy to find these in the third centesimal trituration, although, as will be demonstrated below, these particles are distributed further. Dr. Buchmann's figures of $\frac{1}{2,500}$ millimetre (obtained by observation of decimal triturations) agree sufficiently with my original statement of $\frac{1}{2400}$ millimetre.

But as that observer assures us that much smaller particles can be obtained by prolonging the process of trituration of the third decimal for two more hours, I obtained from Messrs. Otis Clapp & Son a trituration of that kind. This, observed with high amplifications and all possible modifications of illumination, shows the particles to be precisely the same in form, size, color, and molecular motion as those of triturations ground the usual

* H. Frey on the microscope.

length of time. Transparency of lead, which Buchmann compared to shining dots, and the visibility of its structure, are mere forms of fancy.

As a matter of course, my observations applied to centesimals as the standard from which to make dilutions according to the instructions of Hahnemann. If more minute particles can be produced by using (as first proposed by me) smaller proportions of sugar of milk, and by other methods, this does not prove their solubility, nor that of the comparatively coarse particles found in the centesimal triturations.

As elsewhere stated, lead appears very much like coal, in color and in its manner of reflecting direct light. The whitish reflections, like those of coal, might, by aid of imagination, be mistaken for translucency; to call them transparent is a grave error in observation. The larger particles are irregular, ragged pieces of gray lustre. The smaller ones, like those of any other substance, appear like white granules or dots of spherical shape, in bright, direct illumination, especially on dark ground, for the same reason that we see the stars shining in the sky, of which the microscopic appearance is an excellent illustration; yet the stars are not transparent. It is immaterial whether the substance thus viewed is originally transparent or not: glass and silica, as well as gold and copper, are thus illumined, but at once appear dark or black when the light is turned on from below.

Modified direct light with medium powers gives us some idea of the color even of the smallest particles; a high immersion objective, with large working distance, like a Zeiss $\frac{1}{15}$, also allows us to see the color of minutest particles, when the light is reflected from a white cloud or wall, and collected by the immersion liquid from the transmitted and diffused beams.

Iron. This substance, as briefly stated in my first essay, behaves much like gold under trituration, but is rather more friable with sugar of milk, and, like coal and lead, it is not quite so easy of recognition by means of direct light as the more brilliant metals. Its larger particles are brighter that those of lead, reflecting considerable light. The smallest particles also glisten distinctly, and nearly attain the minuteness of $\frac{1}{1200}$ to $\frac{1}{1800}$ millimetre, or nearly that of gold.

Dr. Buchmann describes the smallest particles floating in liquid as transparent "like ice or soda," whence he infers their solubility. However, transmitted light at once causes them to appear dark or black. But when viewed by direct, strong, oblique light, especially when in rapid molecular motion, the particles all appear white; that is, like any minute body illumined by bright light, while the observer is, as it were, in the dark.

Quicksilver. This important metal has received particular attention at the hands of Dr. Buchmann, some of whose just remarks have convinced me that my first statements regarding mercury, though in the main correct, were too cursory and require certain additions.

In examining this substance, I made use of the standard centesimal triturations, in which I described only the larger globules of mercury as they appear there. As Dr. Buchmann based his observations on the decimals, in which he believes that he noticed all sizes of particles, from large globules down to transparent and immeasurably minute particles, I re-examined the centesimals, beginning with the first, and found that besides the above-named large, glistening globules, there were comparatively few of the smallest particles, of $\frac{1}{800}$ to $\frac{1}{2500}$ millimetre.

The larger ones, in direct light, appear gray, and are spherical in form, displaying numerous concentric rings of light and shadows; while the minutest particles may be seen as brightly illumined disks (spheres), in rotating, tremulous motion, when in liquid. These minutest particles were also to be found after protracted search in the second and third, where, as Dr. Buchmann correctly observes with regard to the decimals, they may be recognized by molecular motion, which sugar of milk does not possess.

The same observer assures us that if the first centesimal trituration were ground for three additional hours, the immeasurable minuteness of particles, down to transparent and shadowy masses, would become obvious. Through the kindness of Messrs. Otis Clapp & Son, I obtained triturations not only prolonged for three hours, but some which were ground for six and nine hours respectively.

The first trituration, of three hours, examined at 350 diameters with direct and transmitted light, showed numerous conglomerations of coarse globules of mercury, among which moved the above-named minutest particles, down to $\frac{1}{2500}$ millimetre (and less) in size, when measured with high powers. The trituration of six hours contained very numerous globules of mercury, which had not disappeared, notwithstanding the prolonged trituration, as Buchmann intimates. The globules measured $\frac{1}{100}$ millimetre, and were present singly and in conglomerations. The smallest particles were more numerous than in the previous trituration.

The trituration of nine hours, dissolved upon a slide, exhibited, under low powers, nothing of an indefinite, milky kind, as Buchmann asserts; but clearly and crisply defined particles, of which fifteen to twenty-five may be embraced in a division of the micrometer equal to $\frac{1}{1000}$ millimetre. Not the whole of the

mercury, but evidently only a portion is reduced to this degree of fineness, for there are still present numerous large globules of the metal. There are no immeasurably small particles, for such cannot be produced by trituration. Were it possible, we could easily detect much smaller ones than those described.

To prove that we may easily produce visible particles of quicksilver much smaller than the above, it is only necessary to rub upon a slide a minute globule of mercury, together with a drop of balsam, till nearly dry. Then moisten with a drop of turpentine, remove a minute fragment of the gray mass to a fresh slide, and rub it again forcibly with a blunt glass rod. This, examined with low powers, will show an appearance like the Milky Way; and yet close inspection will at once reveal distinct particles even here. Under high powers, these streaks are resolved with perfect ease into particles measuring between $\frac{1}{1000}$ and $\frac{1}{4000}$ millimetre. Herein we have ample and clear proof that metals, etc., may, by other methods, be divided to a degree of fineness exceeding that reached in the centesimal and decimal triturations with sugar of milk, after the most prolonged efforts. Nor is the limit of microscopic visibility transcended by subdivision of mercury with balsam. If we set the limit of microscopic resolving power of Nobert's lines at 100,000 to the inch, $\frac{1}{4000}$ millimetre would slightly exceed this, while $\frac{1}{8000}$ would fall within the limit. Now, it may be that in my measurements I have overestimated the minuteness of particles of mercury; but I still believe that the more widely separated particles of *opaque* matter admit of visibility more easily than the closely ruled, transparent lines of Nobert's bands, or the equally close, shallow, and transparent markings of diatoms.

Other observers may vary in their figures from the above, but they cannot come to essentially different conclusions as to visibility of the minutest attainable particles of metals. It has never been determined what we have accepted or understood by "incredibly small"; but if anything like the divisibility of mercury was embraced in this traditional conjecture, then that substance should be soluble at a fineness of $\frac{1}{25000}$ millimetre.

Silicea or Silica. In regard to this substance, I have to regret too brief a description of its character in my first report, and gladly make the necessary corrections and additions.

As a precipitate from a solution in potash, silica appears to the unaided eye like a fine white powder. Under various amplifications and direct light, this powder is seen to consist of irregular particles of milky translucency, or of yellowish transparency with transmitted light. The measurements noted in my report, having been made with low powers, are inaccurate. Having since then remeasured them under higher amplifica-

tions, I would state the dimensions of the largest particles of pure unground silica to be from $\frac{1}{2}$ millimetre down to $\frac{1}{2500}$ or nearly $\frac{1}{3000}$ millimetre; those of minutest dimensions being present in considerable numbers already in the untriturated, crude powder.

The decimal triturations, when examined in solution under a cover, exhibit very numerous large particles, from $\frac{1}{100}$ millimetre downwards; the smallest are not in the least changed from their above-named dimensions. Dr. Buchmann describes, in the crude silica, appearances which he classifies as large slabs, granules, globules, and nebulous points, and between them dim places; whereby it would appear as if silica were capable of much finer subdivision than described by me. Having repeated my observations frequently, using every precaution of correcting the focus, and careful adaptation of immersion objectives ($\frac{1}{15}$ Zeiss and an excellent Spencer $\frac{1}{10}$, amplifying 1,100 to 1,000 diameters) to the thickness of glass cover, both by measuring the latter and also by means of screw-collar adjustment, I may safely assert that were there anything visible below the dimensions of $\frac{1}{2500}$ to $\frac{1}{3000}$ millimetre, it would have been both definable and visible with much greater ease than the minute markings of equal size upon diatoms, for reasons stated when speaking of mercury. I will add here that the silica particles may be seen with amplifications of 200 to 300 diameters, which would not be the case with the more difficult diatoms

Thus all nebulous and indistinct appearances of crude as well as of triturated silica can be resolved into distinctly visible particles, where they are not crowded together in masses. These particles, when contained in water, show very active molecular motion of tremulous, rotating kind. Two or three of them, side by side, occupy a division of the ocular micrometer equal to $\frac{1}{1000}$ millimetre.

Dr. Buchmann asserts the possibility of dissolving silica of extreme fineness in water or alcohol, on the ground that molecular motion* of *visible* particles is supposed by him to indicate the acts of solution of *invisible* parts detached by attrition. In that case silica would indeed be very soluble in water, as indicated by the very rapid molecular motion. A drop of alcohol added to silica suspended in water, beneath a glass cover, produces very rapid disappearance of particles from the field of vision, which Dr. Buchmann cites as a proof of solubility of silica in alcohol. It is, however, caused alone by fluxion and quick diffusion of alcohol in the water, thus dispersing the particles. The same effect is produced by applying an additional drop of

* See his remarks on Charcoal, "Allg. Hom. Zeitung," Vol. XCIX. p. 50.

water. If alcohol dissolved the silica, its molecular motion should be very rapid in that liquid; which, however, is not at all the case. The motion of particles is, on the contrary, very much retarded, and soon entirely suspended, as many trials show. Furthermore, the particles, after having come to rest, show exactly the same dimensions as before.

By way of further proof of the improbability of solution of silica in dilute alcohol as asserted, I mixed ten grains of finely triturated pure silica with two hundred drops of dilute alcohol. After standing twenty-four hours, the supernatant liquid was still distinctly milky, indicating that the finest particles had not subsided. The least drop of this delicately milky fluid, microscopically examined, exhibited precisely the same particles of silica as above described. They were all of the minutest size, between $\frac{1}{2000}$ and $\frac{1}{3000}$ millimetre.

Dr. Buchmann asserts that this alcoholic mixture, if filtered, appears perfectly clear. I can positively affirm, after frequent repetitions of the test, that the fluid does not emerge from the quadruple filter as a clear liquid, but that it will be still distinctly milky. In a drop of this fluid a microscope exhibits innumerable silica particles, with their peculiar molecular motion. These are easily to be seen at an amplification of 350 diameters, and even less.

The appearance of silica particles in filtered liquid led Dr. Buchmann to assume their solubility, and recrystallization after filtering; while it only proves that particles of extreme fineness pass through the texture of filtering paper.

Water holding silica in suspension reappears through a quadruple filter less milky than an alcoholic mixture. Microscopically examined, the liquid presents innumerable distinct and also conglomerated silica particles of above-named dimensions in clear liquid, which, upon drying on the slide, leaves a whitish spot, consisting of the same particles at rest, which Dr. Buchmann regarded as recrystallized silica. Examined with Abbe's illuminator or any other good direct light, the smallest particles may be seen wonderfully clear and sharp with a medium power; nor do the highest powers show any nebulous, indistinct apparitions. To adhere to such a statement would be to declare the microscope unequal to the simplest test which can be applied. Far from forsaking the observer in such a trivial dilemma, it will bear him out to a far greater extent. As an illustration, take any viscid or greasy substance, *i. e.*, oil or thin balsam; place a minute fragment upon a slide and rub it off again with a cloth so as to leave the slide apparently clear, exhibiting only a faintly glistening stripe, barely visible to the naked eye in favorable oblique light. Any good medium power will at

once resolve this dimness into a stripe of minute transparent granules, which a high power will readily show to consist of sharply defined, transparent round particles or drops, without intervening nebulæ of doubtful form. Their dimensions will be found to be from .$\frac{1}{2000}$ to $\frac{1}{3000}$ millimetre. In my opinion all substances coincide with these proportions, and indicate the limit of mechanical divisibility of solids. This simple test is one that any good glass will endure, and which any observer can perform with ease. It should serve to point out and corroborate one of the results of these researches; namely, that we are enabled to reach the *ultimate mechanical limit of comminution of certain solids, and that the microscope will readily reveal to us that limit.*

If distilled water or the purest obtainable alcohol is dried on a slide, each will leave dim spots, consisting of concentric rings of dried water, which, under any good objective above medium power, will easily be seen to consist of perfectly round, distinctly defined, transparent dots. These, if left by water, are organic and inorganic matter in a state of fine subdivision, besides some species of micrococcus which are generated even in distilled water; the latter are larger than the particles of inorganic matter, and often in rows like beads. If the dim spots result from alcohol, they may be ascribed to traces of fusel oil or other impurities, which the most careful process of distillation fails to remove. Appearances like this, Dr. Buchmann described correctly, but mistook them for, and considered them as proof of, recrystallization of silica.*

LARGE CYSTIC ABSCESS OF THE RIGHT CEREBRAL HEMISPHERE.

BY WM. R. McLAREN, M. D., WOONSOCKET, R. I.

(*Read before the Chicago Academy of Homœopathic Physicians and Surgeons.*)

I SUBMIT this case for publication because I firmly believe that cystic abscesses of the brain are more common than we are aware of, and also because I have recently attended a child whose cerebral symptoms were in every particular a counterpart.

Bessie ——, aged eight, fair skin, bright sandy hair, nervous temperament, and by inheritance of scrofulous constitution, had always been a delicate child. Her most general complaint was of severe pain in the upper and fore part of the head, sometimes on one side, sometimes on the other. There was nothing in these attacks that would have led to the suspicion of anything more

* Allgem. Homœop Zeitung, Vol. XCIX. p. 92.

than a peculiar form of hemicrania. She had also complained for many months of much smarting in the urethra, during and after micturition. Examination by a female physician afterwards showed that this latter affection was due to a small urethral polypus, after the removal of which no further urethral pain was experienced. In the summer of 1872 she suffered from a severe and prolonged dysentery, which threatened to destroy her life. Under careful treatment and excellent nursing the dysentery subsided, but was immediately followed by what seemed to be an erysipelas of the left cheek. This erysipelas gradually extended to the eye, until all of the structures about and within the orbit seemed implicated. During this period the little patient complained of constant pain in the left fronto-temporal region; this pain increased at intervals to paroxysms of great intensity, extorting shrieks and moans and exclamations of "Oh! my poor head, my poor head!" After fourteen days, during which the condition of things changed but little, the left eyeball began to protrude from its orbit, and finally projected a whole inch beyond its proper position. At the same time the upper and lower lids also protruded, and soon gave evidence that some fluid was contained behind them. The patient during this period grew worse, until at last she sank into a condition of almost total unconsciousness and immobility, in which state she remained five days. Satisfied finally of the existence of pus within or behind the protruded tissues of the orbit, I passed a sharp-pointed bistoury into the orbit, entering it at the upper part of the inner angle of the eye. About two ounces of pus were discharged at once, and the discharge continued slowly for seven days. Improvement commenced soon after, but not immediately. It was still many days before the tendency to protracted coma began to diminish. Finally she recovered her usual health. The eye slowly receded to its normal position, or nearly so; a slight protrusion always remained. In the fall of 1872 she went with her mother to Washington, where she remained, apparently as well as she had ever been, until the spring of 1873 She then returned to Oak Park; and now commenced a new stage in the history of this remarkable case. She complained of frequent attacks of pain in the head as before, but this time in the *right* side of the head immediately above the orbit, and backward in a straight line from that point. Nothing remarkable in her case occurred, however, until the morning of the 13th of June, when I was called to see her in great haste. I found her in a convulsion which lasted over two hours. About two months afterwards she had two similar convulsions, which did not continue as long. From this time until the 10th of October she remained as well as usual, except that the pain in the right hemisphere increased, and at

length on this day became extremely violent. The history of the case during the next nineteen days is simply a series of severe paroxysms of pain in the head, followed by general spasms or by coma, by a partial paralysis of the muscles of deglutition, and lastly by complete paralysis of the left side of the body. The paralysis of the muscles of deglutition rendered it impossible to nourish her by the mouth; nutrition was therefore effected by means of injections. Half a dozen drops of liquid were sufficient to cause strangulation. Occasionally, during this period of nineteen days, the patient seemed to rally, and to her friends held out delusive hopes of recovery. On the 29th of October she died.

I was convinced that a tumor existed, either in the brain itself, in its covering, or in the bony structures in contact therewith; that this tumor had suppurated and discharged, first into the orbit, causing the protrusion of the eye, and then through the tissues where an opening was made by the knife. No more positive or precise opinion than this was entertained by consulting physicians, nor could there be from the data furnished.

Throughout her second illness I was assisted by my friend, Dr. R. N. Foster; and this time our conjoint opinion of the nature of the disease was more decided, because more significant symptoms were exhibited. The severe pain, located externally precisely at the supra-orbital foramen, and internally in the anterior half of the right hemisphere, the subsequent paralysis of the muscles of deglutition, the varying pulse, which ranged from 45 to 140, the sudden congestions to the head and face, followed by equally sudden pallor, spasms, and coma, and finally the paralysis of the left side of the body, all pointed in one direction, and all confirmed the diagnosis of a tumor of the right hemisphere, or pressing upon that hemisphere, involving especially the pneumogastric and fifth pair of nerves. The existence of an abscess in 1872 rendered it probable that this was an abscess also, and such was my diagnosis I at first hoped that a discharge of the contained fluid would, as before, be effected through the orbit; but the progress of the case dissipated this hope.

On the day after her death, assisted by Dr. Foster, I made the post-mortem. On removing the calvareum, the veins of the pia mater were found gorged with blood, as were also the sinuses. Otherwise, the membranes were perfectly healthy throughout. The frontal lobe of the right hemisphere presented an unhealthy color superficially, and its contents seemed to the touch to be less solid than normal. At a point immediately over the right orbit the meninges were laid open, and immediately a large goblet was almost filled by the pus which escaped from the opening. When the pus had ceased to flow, the cavity from which it had come was examined. It was, when distended by its contents, about

the size of a large goose-egg, was lined throughout by a tolerably large membrane, to which a layer of pus was still adherent On removing this layer by the sponge, the membrane lining the cavity clearly appeared. It seemed healthy except at a point just where the cavity reached to the right lateral ventricle. Here was a circular spot about an inch in diameter, which exhibited unmistakable signs of recent and active inflammation. The vessels of the lining membrane were here highly congested, of a vivid color, and so softened as to be easily broken by the touch of the finger. No opening from the cavity was found, yet it was clear that pus could have exuded through the membrane at this inflamed spot, and the fluid of all the ventricles was the ordinary serum of those cavities mixed with pus. The cerebral substance forming the walls of the cavity seemed perfectly healthy, as did every other part of the entire brain. The conformation of the skull, however, was in one respect peculiar, in that a high ridge traversed it from one parietal protuberance to the other, the ridge terminating at each end in a hillock, the size of which dwarfed the parietal protuberances proper into insignificance. The bone forming these hillocks was thin to transparency, and at one spot so nearly perforated that a slight pressure of a piece of blunt wood broke through immediately. Beneath these attenuated elevations of skull the membranes of the brain were enormously congested with venous blood, giving rise to the suspicion, at first sight, that here was the real source of the disease. Closer examination corrected this impression. The bones forming the base of the skull were all perfectly healthy, and we sought carefully, but in vain, for the exit by which the pus had escaped, in the previous illness of the patient. This we expected to find at or near the optic foramen. But no abnormal appearances were there discovered, nor was there any evidence that the existing abscess had ever communicated with the opposite hemisphere, or discharged itself at any point. Nevertheless, it was my opinion before the post-mortem, and one that I do not wholly abandon even now, that this abscess was but a continuation of the abscess of 1872. Permission was not asked to examine the orbit, for that could not be done without external disfigurement, in the brief time at my disposal. The treatment of this case was of course exceedingly varied, and its details would be of no special information to the society. The remedies given were such as the symptoms suggested, and they may have wrought, as they seemed to do, some alleviation of the patient's suffering; but with the results of the post-mortem before us, we can hardly be surprised that they did not effect a cure. In her previous attack, however, I may remark that *Calc. carb.*, *Hepar*, *Silex*, and *Belladonna* were the remedies chiefly employed. The right cerebral hemisphere

was by permission removed from the body, and is here presented for examination by the society. As a pathological specimen, I may be excused for regarding it as one of rare value, because it is seldom that such a case is seen. It may be of interest to add, that the intelligence of the child, notwithstanding the great extent of the cerebral lesion, was not in the least impaired; it seemed to be overwhelmed periodically by the obstinate coma, but she always displayed her usual brightness when fully aroused.

HOPEFUL SYMPTOMS IN MEDICAL EDUCATION.

BY WM. F. WARREN, LL. D., PRESIDENT OF BOSTON UNIVERSITY.

[THE following scholarly paper, written for the "Boston University Year Book," and kindly furnished us in advance of publication, has seemed particularly valuable as coming from one who has so carefully and conscientiously investigated the subject, a highly educated man outside of the medical profession, and who on that account might be expected to take broader and more liberal views. We have therefore desired to give it a wider publicity among the medical profession than it could obtain in the "Year Book." For lack of space we have been obliged to omit the six pages of American, English, French, and German authorities quoted at the beginning of the paper, as well as a few foot-notes. — ED.]

By all accounts our American *corpus medicorum* has long been ailing. As to the fact, the experts who have been consulted in the case have all agreed. The disorder being of a very complicated nature, however, it is not surprising that in the diagnosis and prognosis there has been decidedly less of unanimity. As to the etiology of the trouble, some, with Dr. Pepper, have laid great stress upon an alleged excess of nutrition; others, with Dr. Davis, have directed attention to the obvious defects of the masticatory, digestive, and assimilative apparatus of the patient; others still have thought that the noxious climatic and telluric influences of our new, undrained, and poorly aerated American society should bear the chief burden of blame. Accordingly, when it has come to the prescription of a rational and effective therapeutic treatment, the doctors have widely and hopelessly disagreed. This has left the case largely to laymen; and this, we are strangely told,* is the first auspicious circumstance to be noted. At first blush, such an assertion would seem to involve a grave reflection upon the profession at large; but it must be remembered that nothing is more unusual, or considered more unprofessional, than for the physician, when a patient, to treat himself.

How far a physician may build his hopes of medical reform upon the non-medical public, in its civil capacity, has recently found a remarkable illustration in a communication addressed

* "The non-medical public is probably the only source from which effectual reform can be expected." — *The American Journal of the Medical Sciences*, July, 1878, p. 186.

by a New York physician to his Highness, Prince Bismarck, and published in the *Aerztliches Vereinsblatt* of last June, under the superscription, "*Votum* of an American Physician on the Relation of the Physician to the State." In this elaborate and forcible communication the author, Dr. B. Segnitz, demands, in the interest of science and in the interest of the public, the full assumption of the care of health by the state. He insists, that until the physician is emancipated from his humiliating dependence on his patients for recognition and pecuniary support, there can never be an appropriate testing of candidates, an unselfish professional body, nor a safe practice. The state should prescribe the most thorough education possible, and it should institute the most searching examinations as the portal to practice; but when the candidate has met all these preliminary demands of the state, it, in turn, should make him a member of the civil service, duly appoint him to a medical parish, and provide him an adequate salary. Thereafter his services, like those of a judge or general, should belong wholly to the community; and even the acceptance of the smallest present from a grateful patient should be strictly forbidden by law. All medical practice by persons other than the state-appointed physicians should also be made a punishable misdemeanor.

That such a proposal should come from a country where the state has sought to give the maximum of freedom to the citizen, both as physician and as patient, is, to say the least, significant. It is another utterance of that "despair of freedom" which has lately led the advocates of medical reform in England to place their only hope in a prompt and thorough-going intervention of the civil power.

Meanwhile, to the despondent American it should be instructive, that in France, where five years ago the state created and administered all appliances for medical education, and more entirely regulated medical practice than perhaps in any other country in the world, there has been complaint of sore evils in the profession, and an attempt to remedy them by authorizing the establishment of free medical colleges under a general law prescribing the number and work of the chairs, the length of the curriculum, etc. Here is despair of the state, and a coveting of the progressive and self-helpful influences which are inseparable from such powerful competing institutions as the great universities of Germany. The aspiration is a wise one; but the profession seems to have small hope of its early realization.

Is Germany, then, the paradise of this profession, the land in which the ideal has been made real, the country where the medical reformer finds his occupation gone? Here is the omnipotent state; here, furthermore, the foremost seats of learning. The

state demands more rigid training than the most enthusiastic representative of American medical colleges dare suggest. The universities are ready and able to give it. Can anything be wanting here?

Alas! even the German physician is not happy. By recent laws the new Empire has changed his occupation from a liberal "profession" to a mere "trade" (*Gewerbe*); has substituted for the old-fashioned free honorarium a legalized tariff of prices for medical service; and finally, while exacting the utmost possible in the way of training from all candidates for honorable and legitimate practice, has opened to all others — so, at least, it is alleged — the widest opportunities, if not the strongest invitations, to quackery. Moreover, still further humiliations are apprehended. In the language of a leading English journal, speaking of recent government proposals in Germany, "The medical profession is to be lowered; its emoluments are to be diminished; the mode of life of its members rendered more abject, and nearer that of the peasant class, and thus to become less worthy as an object of ambition by those who from birth are likely to ennoble a trade so miserable. On the other hand, the standard of preliminary education is to be lowered so that men of a lower stamp may find their way into the medical profession; for the authorities are too keen not to perceive that it is far easier to stop the entering than hinder the parting medical candidate, and that an easy entrance-examination or abbreviated preliminary training is a far greater inducement than a lowering of the professional standard in another way. . . . We shall await the issue of this miserable business with great interest; and our German brethren may be assured of the sympathy of the profession in Great Britain."

From these great evils the German sees no deliverance, save in a fuller organization of the whole body of the profession, and in a discussion of them and of remedies in strong voluntary medical associations like those of Great Britain.

Thus, while England has long looked to France as possessed of the true theory and instrument of medical reform, France has been looking to Germany as showing a better plan; while Germany, in turn, has looked with envy upon the power and commanding leadership of medical societies in the Anglo-Saxon realm. In this way the agitation for medical improvement completes a circuit, returning upon itself. In each of the leading countries of Europe the current sets one way only, and that a hopeful one; but studied in international relations, it resembles a vortex, quite as capable of sucking down existing excellences as of casting up superior substitutes.

Three years ago, in these pages, in a paper entitled "The Gate-

ways to the Learned Professions," it was shown that the entire and exclusive committal of the custody of these gateways, either to the profession itself, or to the scholastic authorities by which its recruits are trained, or to the state, is fraught with evil; and that only by the co-operation of all these forces can the best results be attained. Precisely this is the impressive lesson of the attempted medical reforms now undergoing discussion in Great Britain, France, and Germany; and one of the fundamentally hopeful things characterizing present movements for the improvement of the profession in this country is the fact that no one of the factors of true progress is at work alone, but all are working together in appropriate and helpful methods.

In any enumeration of these movements, a prominent place should be given to the agitations which in many of the States have lately secured, or are now aiming to secure new legislation, more effectively protective of the public against uneducated and unprincipled practitioners of medicine.* This is a good cause, in which the State, the school, and the profession have cordially and most beneficently co-operated. The precise measures for which legal sanction has been sought have differed in different States, and at successive stages of the agitation in the same State. Thus, the bill now before the Massachusetts Legislature is quite unlike the unsuccessful one of 1878. Still, all propose measures far in advance of the old laws, and greatly aid the efforts of those who are laboring for a more thorough general and professional training of physicians and for impartial licensing boards. Moreover, the very effort to secure the new enactments has had most liberalizing effects upon all branches of the profession, as at present organized. It has led the antagonistic medical societies to recognize each other, and to assent to the recognition long ago accorded by the State. It has contemplated and demonstrated the possibility of educated men of different views in therapeutics sitting upon one and the same board of examination and registration. It has caused men conventionally debarred from consultation in the sick-chamber to confer most freely and amicably in the lobby and green-room. It is hardly too much to say that it has inaugurated the disintegration of exclusivism in dogma and in fellowship, and begun to draw

* "Since 1875, Acts of ever-increasing stringency have been passed in each of the British Provinces, in New Hampshire, Vermont, California, Alabama, Illinois, Texas, and other States; and laws modelled on the best of these are now under consideration in Iowa and several other States. The effect of the Illinois law in the first year was to cause some fourteen hundred quacks to leave the State, or quit practice; while hundreds of other partially educated practitioners have entered medical schools to get degrees." — *Circular of Health Department of American Social Science Association*, January, 1880. The Illinois law, and extracts from the First Annual Report of the State Board of Health respecting its working, may be seen in THE NEW ENGLAND MEDICAL GAZETTE for 1879, pp. 110–116.

the one true and valid line of separation, — that between the ignorant and conceited on the one hand, and the broad and thoroughly trained on the other.

A second auspicious movement to be noted is the rapid liberalizing of the profession and of the public mind in respect to the desirableness of affording women facilities for obtaining a medical education and for engaging in medical practice. Within a few months, the last of the State medical societies of Massachusetts has opened its doors to female candidates for membership.* The Overseers of Harvard University have voted, sixteen to ten, "That, in the opinion of the Board of Overseers, it is expedient that under suitable restrictions, women be instructed by Harvard University in its Medical School." Reviewing the president's late Annual Report, "The Nation" resignedly remarks: "That the Medical School will before long be opened to women clearly appears."† A large selection from the varied and almost numberless illustrations of the world's progress in this direction is given by Dr. Chadwick, a member of the Massachusetts Medical Society, in the able paper named at the head of the present article. ‡ How the battle was first won in England is well told by Mr. Stansfield.

[*To be continued.*]

POST-NASAL ABSCESS.

BY J. C. MORGAN, M. D., PHILADELPHIA.

THE article of Dr. Von Gottschalk, on "Retro-Pharyngeal Abscess," in the March GAZETTE, recalls a case in a man of forty years, who for some days suffered with many uncomfortable sensations about the posterior nares, soft palate, and pharynx, without visible inflammation. In these days we would use the rhinoscopic mirror. A number of well-indicated remedies were given without improvement. He then received *Ferrum*, which is a prime remedy in nasal catarrh, and in a day or two he found entire relief by the spontaneous rupture of the abscess, for such it was.

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* In view of an alleged legal difficulty in the way of the proposed method of bringing about the change, the Councillors voted at their February meeting to reconsider. This means a trifling delay, but by no means defeat.

† The remarks of the "Boston Medical and Surgical Journal" upon the subject, and especially its unwarrantable and offensive personal reflections upon the president of Harvard University (Jan. 22, 1880), betray far less of "sweet reasonableness," and of resignation to the inevitable.

‡ The Study and Practice of Medicine by Women. By James R. Chadwick, M. D., Boston. "International Review" for October, 1879.

RHODE ISLAND HOMŒOPATHIC SOCIETY.

REPORTED BY THE SECRETARY.

THE thirtieth anniversary of this society was observed at the parlors of the Hotel Dorrance, on Friday afternoon and evening, Jan. 23, 1880. The president, Dr. Gottschalck, called the meeting to order soon after four o'clock; and when minor items of business had been disposed of, an election was held of officers for the ensuing year. The presiding officer had peremptorily refused to allow his name to be used in any official connection, thus necessitating an entire revision of the list. By the deposit of a single ballot, the following physicians were appointed to their respective positions: President, Isaac W. Sawin; Vice-President, George D. Wilcox; Secretary, George B. Peck, Jr.; Treasurer, John C. Budlong; Censors, Ira Barrows, Charles L. Green, Charles Hayes.

The dispensary report showed that 1,400 persons received 2,164 prescriptions at the rooms; that 1,565 visits had been made to 363 patients; that 43 cases were treated in the surgical department, and 169 in the dental. The work of the dispensary has increased so rapidly that it is simply impossible for the society to meet the necessary expenditures without assessing a heavy special tax. A committee, consisting of Drs. Gottschalck, Peck, and Sawin, was therefore appointed, with full powers to present the matter to the friends of the cause.

Dr. Ira Barrows presented an elaborate review of a paper read before the Homœopathic Medical Society of Northern New York, by Dr. H. M. Paine, of Albany, and entitled "The Law of Potencies: the Minimum *vs.* the Small Dose." Dr. Barrows made direct issue with the writer, claiming, first, that it is generally conceded that to a certain extent crude drugs are rendered "penetrating, operative, and remedial" by trituration, or succussion, which is practically the same process; second, that quantity of dose has no relation to the law of cure unless a morbific agent possesses the essential qualities of matter, — length, breadth, and thickness; third, that so long as a given remedy cures "safely, quickly, and pleasantly," it matters not how little or how much shall be administered; fourth, that the cures effected by thirtieth and higher potencies demonstrate the existence of medicinal, not merely psychological or magnetic power; and fifth, that the objection that all material quantity is lost at the eleventh dilution is worthy as much consideration, and no more, as would be an assertion that persons cannot take the small-pox simply by walking past a house containing the disease, that a person never was poisoned by wind blowing from over an ivy-

vine, that musk will not continue to perfume the contents of glasses two years after receiving the drug, said glasses being in constant daily use, or that a fox-hound cannot follow a track two days old, — in either case the amount of matter involved being inappreciable to scientific tests, and therefore above the eleventh centesimal dilution.

Dr. T. H. Mann, of Woonsocket, also presented a paper on the medicinal effect of the thirtieth dilutions. He has been in the habit of prescribing *Lachesis*, *Lycopodium*, *Natrum Muriaticum*, and *Sulphur* in that strength, and with very uniform success; certain conditions specified were relieved by that preparation, which could not be influenced at all by lower attenuations. The Milwaukee test is no test at all, unless the expert should chance to find some particularly sensitive temperament upon which to experiment.

The discussion was opened by the secretary, who remarked that the reasonableness of any given statement depended upon the hearer's training and modes of thought; that the sole question is, Has medicinal power been exerted by any dilution above the tenth? that he had seen students repeatedly take a few sugar pills of marvellously high dilutions, and by swallowing occasional draughts from the glass in which they had been dissolved, experience such symptoms as to enable them positively to designate the drug from which they were prepared; that he had seen as prompt and decided clinical effects from the ordinary high dilutions as from low dilutions, mother tinctures, or crude drugs, — results as certain as those he had obtained by the hypodermic use of morphine, for example; that he had watched men of unquestioned ability and rational scepticism advance step by step experimentally in this path, and always with the best results; that these facts are not incompatible with science, because, while the atom is recognized as the basis of all chemical, as the molecule is of all physical changes, its essential nature is as yet undetermined, and many savants hold to its non-substantiality, — to its being simply a force centre; and that the general drift in both old and new schools is toward the minimum dose, the chief obstacles being pride and inertia.

Dr. Parker, of Pawtucket, remarked that he had commenced with high potencies, but now uses the low, a change he felt to be decidedly advantageous.

Dr. Budlong said he uses the low; but when certain persons whom he *knows* to be worthy of all confidence, as the late Carrol Dunham, or the venerable Ira Barrows, state that they do effect cures with the high, he does not feel at liberty to say there is nothing in it.

Dr. Jones, of Taunton, uses certain remedies high, though

generally dispensing low attenuations. Certain conditions, for example, he relieves within a half-hour by a single dose of *Causticum*^{400}, every other drug and attenuation failing.

Dr. McKnight remarked that it is not always possible to determine the cause of amelioration. He was once called to see a woman believed to be dying from poison. He hastened to her relief, found her on a bed apparently insensible, and seeking light, asked a bystander what she had been drinking. Instantly the almost inanimate form assumed the sitting posture and exclaimed, "I'm no drunkard! I'll teach you to insult a poor woman! Clear out!" and Dr. McKnight left.

Dr. Mann mentioned the case of a lady who had lain in a trance for some time, and was supposed by many of her friends to be dead. They only desired a verification of their opinion. Without deciding on any particular course of action, he asked by chance for a pail of water. Before it came, she was up. What cured her?

Dr. Bradbury wished to know why he finds Dr. Peck prescribe on the dispensary register so often *Nux Vomica*^{2x}, when he has such a good opinion of the high potencies. The reply was promptly given. "Since you ask me a plain question, I will return a straightforward answer. In my opinion, nearly all who use low potencies habitually, do it from mental incapacity or laziness, — the vast majority from the latter cause. I am free to acknowledge that *my* mind is so organized that it is almost impossible for me to master symptomatology; and yet I have seen men who grappled with its difficulties as readily and as successfully as in other days I have with those of analytical geometry and calculus. With but two or three exceptions, all *able* physicians of my acquaintance have passed from the use of the lower to that of the higher attenuations. I know, from personal experience with both, that the successful use of the higher requires a more accurate knowledge of *Materia Medica* than the use of the lower; and it should be the aim of every physician, as it is mine, to assimilate, even though but slowly, the riches of that storehouse, that he may become a close and accurate prescriber, and not remain a mere routinist."

The discussion was becoming quite animated, when supper was announced. A vote of thanks to Drs. Barrows and Mann for their papers was unanimously adopted, and the society immediately repaired to the dining hall with its guests, numbering in all about thirty-five. After rendering ample justice to an elegant and burdened table, the secretary was called upon to serve as toast-master. He announced the following sentiments, which were appropriately responded to: —

The Legal Profession. — Still maintaining its historic prestige, though not without *great pains.* Hon. Abraham Payne.

The Clergy. — *Tailors* to fit robes of righteousness. Rev. E. H. Taylor, D. D.

The Rhode Island Judiciary. — Distinguished alike for its wisdom and its integrity. Hon. Charles Matteson, Associate Justice of the Supreme Court.

The Rhode Island Medical Society. — Eminent for that broad scholarship which insures liberality. Wm. F. Hutchinson, M. D.

Taunton. — Noted for its herring, bricks, and doctors. E. U. Jones, M. D.

The Faithful Physician. — Despite unnumbered obstacles, he will *saw in* to the good graces of the community and of his associates as well. President-elect I W. Sawin, M. D.

Adjourned at 10 P. M.

CHAMPLAIN VALLEY HOMŒOPATHIC MEDICAL SOCIETY.

THE society met at Middlebury, Vt., on the 24th of February. The meeting was called to order by Dr. Arthur, of Vergennes.

In consequence of the unusual number of cases of diphtheria prevailing in this locality, and the accompanying marked fatality, the society gave its attention to the discussion of the practical aspects of this disease. From a report by Dr. F. W. Halsey, secretary *pro tem.*, we extract the following: "Dr. Smith, of Addison, stated that one case attacked a wound, manifested constitutional symptoms, and finally appeared in the throat. The track of the present disease had been peculiar, in that it had continued along a high and dry turnpike for several miles, skipping houses entirely on the next street. The three general forms were recognized; viz., catarrhal, croupous, and septic. He considered treatment in the latter form to avail but little, but depended largely on prophylactic or preventive treatment; and thought if the disease could not be arrested, its severity could be at least mitigated by such measures.

Dr. Arthur said that in one district of half a mile radius, twenty-five deaths had occurred in thirty-five cases. Thought *Eucalyptus glob.* the best antiseptic he had ever used. It destroyed the disgusting odor almost entirely, and seemed grateful to the patient. Had used as a disinfectant chlorine gas, generated from manganese and salt, in an outbreak of the disease in the Reform School, together with sulpho-carbolate of soda internally, with the result, as he believed, of confining the disease to narrow limits; so that out of one hundred and twenty-six children, but twenty had the disease, with but three or four deaths. Did not, however, believe in a specific for all cases.

Dr. Hamilton considered heat an important prophylactic and aid. Preferred turpentine to deodorize a house after a death, where everything seemed to be impregnated with the odor; con

sidered sugar, used locally, one of the best remedies to cut and destroy membranes. No season of the year was especially favorable for the propagation of the disease; the mortality was greatest between the ages of fifteen and twenty-five.

Dr. Ockford dwelt at great length, and in a thorough manner, on the cause and prevention of diphtheria, referring to decaying matter, inattention to filth, defective drainage, etc.

Dr. Woodhouse advised the giving of all the nutriment patients will take or bear. Believes to some extent in the usual disinfectants, — which, however, may be overdone, — but especially in pure air and good fires. Uses *Bichrom. of Potassa* as a gargle. Where patients cannot gargle he uses the vapor. Makes the temperature of the gargle to suit the wishes of the patients.

Dr. Halsey testified to the efficacy of the *Bichromate* in throat troubles with ulcerations having a diphtheritic tendency. Uses it externally with hot water, and frequently combines it with alcohol.

It was the opinion of the majority of the members, that the disease was certainly contagious.

Dr. Arthur related the following noticeable case: "A servant left a house where the disease had prevailed and several deaths had occurred, and went to another family several miles distant. This whole family was stricken with the disease, two dying. The girl changed her residence four times, the last place being in a different town, and in every family fatal cases occurred." It was the sense of the society that the public in general should be warned against indiscriminate visiting or public funerals, and a strict quarantine advised in every case, together with the exercise of the greatest care in relation to the articles used either about the sick or on the attendants.

WORCESTER COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

REPORTED BY J. H. CARMICHAEL, M. D., SECRETARY.

THE regular quarterly meeting was held Feb. 12, 1880, at 10.30 A. M., at the Bay State House, Worcester, Vice-President C. L. Kingsbury in the chair. After the reading of the records of the last meeting, Dr. Whittier moved that a committee of three be appointed by the president to take action on the death of Dr. Adams, of Webster; the committee, Drs. Warren, Barton, and Travers, to report at next meeting.

There being a vacancy on account of the death of the president, Dr. C. L. Kingsbury was chosen to that office, and Dr. J. C. Foster was elected vice-president.

The visitors present were invited to participate in the exercises. Dr. Whittier moved that an amendment to the constitution be made, by which the annual assessment of members be $1.00; which was adopted. A committee of three was appointed, Drs. L. B. Nichols, Goodwin, and Warren, to prepare a list of books desirable to purchase for a future library of this society. The names of C. J. Hasbrouck, M. D., of Webster, N. W. Rand, M. D., of Monson, and O. W. Roberts, M D., of Ware, were proposed for membership. Dr. H. K. Bennett read a paper on Hystero-Neurosis, being a continuation of a paper on the same subject read a year ago. Another case of mania was reported much relieved, but finally terminated fatally. Another case had symptoms due to rupture of perineum, with poor cicatrix and laceration of cervix, relieved by similar treatment. The treatment was by intra-uterine medication, using suppositories of *Argentum Nitricum*, from three to five grains; *Cuprum Sulph.*, five grains; *Zincum Sulph.*, three to five grains; and *Iodoform*, five grains. They were introduced every four or six days until relieved. He used the suppository whenever there was a muco-purulent discharge from the uterine canal. Dr. Carmichael thought that in the large majority of cases of this kind the remedies were too powerful, and that equally good results might be obtained with milder and safer ones. He would not use the *Argentum Nitricum* in any form about the womb, and only in very obstinate cases such remedies as *Cuprum Sulph.* and *Zincum Sulph.* He had no objection to the *Iodoform*, as it was a sedative of no small value, and while it invariably was useful in all painful affections of the womb, it was curative in ulceration, endo-cervicitis, and perhaps endo metritis; but the latter is very seldom seen, and then it is doubtful if it is ever cured before the patient ceases menstruating. Dr. Carmichael also thought *Iodoform*, in the form of suppositories, would be the very proper thing if we could trace the trouble at all to a syphilitic taint. Dr. Bennett used compound *Tinct. of Iodine* in ulceration of os. Dr. Carmichael used it in cancer, but thought common *Tinct. of Iodine* just as beneficial, while it will not cause the pain that the compound tincture does. Dr. Bennett never would use them if para- or peri-metritis was present. After further discussion by Dr. Chamberlain, Dr. Whittier said that he used the *Iodoform* suppositories and found them very useful in many cases; had been using them of late in cases of membranous dysmenorrhœa, and hoped much from their use. A clinical report was next made by Dr. Whittier. For the recent influenza he had used *Aconite*^{1x} and ^{3x} and *Gelsem.*^{3x}. For the catarrhal pneumonia (mostly in children), *Verat vir.*^{1x} and ^{2x}, *Bryonia*^{3x}, *Sang.*^{3x} and *Phos.*^{3x}. For the pseudo-membranous angina and croup, *Merc. Cyan.*^{5x} or *Kali.*

Bich.[2x] and [3x], and alcohol gargle. The last report was fully discussed by the members present. The following appointments were made for the next meeting: "Papers," Drs. Warren and Roberts; "Clinical Medicine," Drs. Carmichael and Forbes.

THE ILLINOIS BOARD OF HEALTH.

Dear Sir, — When I sent you the article on "Medical Legislation," Feb. 10, which appeared in the April GAZETTE, the facts stated therein regarding the operations of the Illinois State Board of Health were as then understood generally. Since then, however, the board has had before it most of the disreputable practitioners referred to, and has stopped their proceedings to a great extent. I hasten to make this correction in justice to the board, which is using every effort to weed out the worst elements complained of.

Very truly,

SAMUEL POTTER.

MILWAUKEE, April 5, 1880.

REVIEWS AND NOTICES OF BOOKS.

A THERAPEUTICAL MATERIA MEDICA. By H. C. Jessen, M. D. Chicago: Halsey Bros. Pages 219. $4.00.

As stated in the Preface, the object of this work is to facilitate the practical study of the materia medica. The plan adopted is a very systematic one, in which several remedies are so arranged in parallel columns as to strike the eye at once, and to secure a natural and immediate comparison of their symptoms, range of action, and therapeutical application.

The symptoms, which have been chosen with the greatest care and discrimination, are those upon which the practitioner may depend for help at the bedside. The language in which these symptoms are given is clear, concise, and expressive to the last degree.

One has the same satisfaction in looking over these beautiful pages that he has in viewing a map of different countries, in which the form and outline, the extent, and the relation of different states are shown at a glance.

To our mind, the clinical or strictly therapeutical part of this work, which has cost the author a great deal of labor, and which has been so carefully and conscientiously arranged, is the best part of the book. We are glad, not only that he has taken such evident care to select his clinical references from among our best and most responsible authors and practitioners, but also that he has given us the authorities and the names of those upon whom he has drawn for this material.

There is nothing apocryphal or traditional in his "Special

Remarks"; and we are glad, so far as our own experience goes, to be able to confirm and indorse them.

In external appearance this work is a handsome one. The binding is good, the paper excellent, and typographically it is almost perfect. The whole enterprise is a credit to Chicago, to its author, its publishers, and to our professional literature.

B. L. R.

HEADACHES: Their Nature, Causes, and Treatment. By William H. Day, M. D. Third edition. Philadelphia: Lindsay & Blakiston. 1880. Pages 322. $2.00. Boston: A. Williams & Co.

At the present day, headaches from various causes are so fearfully common and are often so intractable, that the general practitioner often eagerly looks around for more light on the subject. It is not always easy to determine, in view of the multiform causes, whether the trouble is in the head itself or in some other organ; and if in the head, just what the nature of the trouble is. Dr. Day, aided by the researches of modern scientists, has taken great pains to set forth the pathology of the different forms of headaches, and has perhaps carried this even too far in being over-nice in his distinctions. His varieties are cerebral anæmia, hyperæmia, sympathetic, bilious, congestive, plethora, nervous, nervo-hyperæmic, toxæmic, gouty, rheumatic, periosteal, organic, neuralgic, and those of childhood and advanced life. Although a good deal of the treatment belongs to the Rip Van Winkle school, his pathology is very interesting.

SKIN DISEASES. By Malcolm Morris, of London. Philadelphia: Henry C. Lea. 1880. Pages 320. Boston: A. Williams & Co.

This little book presents in a condensed form, and therefore attractive for study or hasty reference, the definition, symptoms, diagnosis, prognosis, morbid anatomy, and treatment of not only the common skin diseases, strictly so called, but also all those diseases in the course of which morbid appearances of the skin are apt to arise, such as scarlatina, measles, typhus, etc. Even the appearance of that analogue of the skin, the mucous membrane of the throat, in diphtheria, is described and differentiated from that which exists in scarlet fever, tonsilitis, and herpetic sore throat.

GUIDING SYMPTOMS OF OUR MATERIA MEDICA. By C. Hering, M. D. Philadelphia: The American Homœopathic Publishing Co., J. M. Stoddart & Co. Vol. I. 1879. Pages 506. Vol. II. 1880. Pages 506.

Vol. I. of this large work, which is to appear in ten volumes and a repertory, perhaps two volumes of which will be published

every year until completion, was received by us long ago, and we really owe an apology for not noticing it sooner. Our excuse is to be found in the continued ill-health of the able gentleman to whom we intrusted it for review. First, as to the method of publishing this work: About two years ago a number of gentlemen met at Dr. Hering's house and decided to form the American Homœopathic Publishing Company (which was afterwards incorporated by the Commonwealth of Pennsylvania), the object of the society being to publish works of certified merit, and furnish them to its members at the cost of manufacture. A capital stock of $10,000 was decided on, one tenth of which was subscribed for at the first meeting, at the rate of $10 per share. The business of the society is managed upon a purely cash basis; no debts are contracted or liabilities incurred beyond what can be met by the funds in hand. The work first contracted for was Hering's "Guiding Symptoms." Each holder of a share costing $10 can buy every year $10 worth of publications for a little more than half price. The present work, for instance, costs $5.00 per volume, cloth, to non-stockholders, and $2.75 to stockholders. The officers of the society for 1880 are Drs. Hering, Mohr, Betts, Knerr, and Goodno, of Philadelphia, Lilienthal, of New York, and W. P. Wesselhoeft, of Boston.

The work before us intends to be a *complement* to all materia medicas, being principally a collection of *cured* symptoms. The arrangement is the same as that in the "Analytical Therapeutics" and in the "Condensed Materia Medica." Four easily remembered marks of distinction have been adopted to facilitate the study of the relative value of symptoms. The first denotes an occasionally confirmed symptom; the second, more frequently confirmed; the third, symptoms verified by cures; the fourth, repeatedly verified. Without any doubt, no man in the world is so well known to the homœopathic profession as Dr. Hering, or "Hg," as he is fond of writing his name. A man of indomitable will, of enthusiasm without bounds, of untiring energy, from early youth, it is no wonder that he has made a name for himself. Even now, at his very advanced age, he shows a brightness and capability for work which would put many a young man to shame. The work before us he regards as his masterpiece. With all due deference to such a man, we cannot help expressing our opinion that "Guiding Symptoms," when finished, will be a perfect type of a "cumbersome materia medica," and of very little practical, every-day use. It does not pretend to be a complete work in itself, but only a complement to other materia medicas. We imagine that the average "busy physician," after groping through the 5,000 pages of these ten volumes for "more light" on a case, and then having to resort to Allen's

Encyclopædia, for instance, to complete the picture, would prefer, if he had another patient, to run for luck. If looked at as a contribution to science in the way of original research, and not as a practical thing, the case is somewhat different. Even here, Hering's dictum ought not to be accepted as final. One man cannot possibly construct a materia medica, no matter how industrious he may be. Indeed, so much work is necessary, requiring a large number of men and women to toil together on scientific principles, that with the present outlook, the near chances for a perfect materia medica seem almost hopeless. Absolutely hopeless will they be unless such unimportant details, such trivialities, ridiculous puerilities, and garrulous repetitions as occur in these two volumes, which cover the ground from *Abies* to *Bromium*, be in future omitted.

SORE THROAT. By Prosser James, M. D., of London. Fourth edition. Philadelphia: Lindsay & Blakiston. Boston: A. Williams & Co. 1880. Pages 318. $2.25.

The first edition of this book was published twenty years ago, and at that time it was the only English book on the laryngoscope. In 1865 an illustrated edition was issued, in which five lithographic plates were used. In the present edition these are superseded by two full-page copper-plates, containing twelve representations of laryngeal disease, colored by hand from life by the aid of the laryngoscope. After a comprehensive preliminary sketch of the whole subject, the diffused affections and diseases of individual organs are discussed briefly but clearly. On page 297 occurs an interesting description of "a hitherto undescribed laryngeal affection," which Dr James calls "stammering of the vocal cords," in which the sound of the voice at intervals suddenly stops, although the lips continue to articulate perfectly. On the whole, the book bears internal evidence of having been written by a man of sense and large experience.

THE THERAPEUTICS OF GYNÆCOLOGY AND OBSTETRICS. Edited by William B. Atkinson, M. D. Philadelphia: D. G. Brinton. 1880. Pages 365. Cloth, $3.00. Leather, $3.50. New England Manager, Daniel M. Rice, 5 Madison Park Hotel, Boston.

We happen to know that many of our readers already own the other two books of this "Modern Therapeutic Series," originally projected and partially executed by the late Dr. George H. Napheys; namely, "Modern Medical Therapeutics" and "Modern Surgical Therapeutics." To such, we need only say that this is as good in its way as they are; perhaps we might say even better, since there has been more rapid progress in gynæcology within the last few years than in most other branches of medi-

cine. To those not acquainted with the plan of those works, we would say that their aim is to present, in a very concise and clear manner, the most modern and approved methods of treating diseases, as recommended by the most eminent authorities and specialists in this country and in Europe; and to this end many treatises, monographs; and medical journals have been ransacked. It requires very little time, when in doubt about a case, to run through the orderly *resumé*. Although homœopathists will not often care to make use of much of the strictly medical part of the work, yet they will find here a great deal of valuable information embraced under the word "therapeutics" in its widest sense, including hygiene, dietetic, climatic, mechanical, and other means of combating disease; and even the strictly medical part will at least be useful in keeping one posted up in the latest ideas of the regular school.

NERVOUS EXHAUSTION. By George M. Beard, M. D. New York: William Wood & Co 1880. Pages 200. $1.75. For sale in Boston by Frank Rivers, 28 School Street.

This is one of the most interesting books we have read for a long time; interesting because it treats of a subject which is fearfully common in this country, and yet which is very imperfectly treated in our text-books. Dr. Beard has made this a special study for years, and indeed was the very first in the world to call attention to it in anything like a systematic manner. His first paper was published only twelve years ago, and since that time his views have been pretty generally recognized. *Neurasthenia* seems to be the popular expression just now for what has been heretofore called, in a vague way, general debility, nervous prostration, nervous debility, nervous asthenia, spinal weakness, spinal irritation, nervous dyspepsia, oxaluria, cerebral and spinal anæmia and hyperæmia. This work is exclusively practical, to be consulted by the physician for his every-day cases. The causes and more remote consequences of neurasthenia will be discussed in a work by the same author, shortly to be published, entitled "American Nervousness," which promises to discuss in a philosophic manner many questions of race, climate, and social customs. Dr. Beard is convinced that neurasthenia is far more common in the United States, especially in its northern and eastern parts, where cases are to be counted by hundreds of thousands, than in Europe, where they are but little known. They are more frequent, however, in France and England than in Germany, Russia, Italy, and Spain. One great reason for the paucity of medical literature on the subject is that we here in America have been so much in the habit of slavishly following and compiling from German and English text-books,

and of neglecting original observations of the maladies peculiar to our own land. Another is, that most of the original researches made here have been by those engaged extensively in hospital and dispensary work among the poorer people, where the class of diseases under consideration is quite rare. Dr. Beard claims that very rapid progress has been made of late in the treatment of this hitherto very discouraging trouble, and his views on this subject will bear very careful study.

W. FAIRLIE CLARKE'S PRACTICE OF SURGERY. New York: Wm. Wood & Co. 1879. Pages 316.

This is the last volume of the first series of the Standard Medical Library, and makes good the promise of the publishers to furnish twelve good volumes for the low price of $12.00. This work is already known to the reading public, and only lately, we believe, the same thing has been reprinted by another publisher in this country for $2.50. The American editor has tried to bring it up to date by speaking of Bigelow's litholapaxy, the elastic bandage, transfusion, etc. The new series for 1880 will contain a still finer set of books, and the price will be only $15.00.

OTHER BOOKS RECEIVED. — Wilson's Health and Health Resorts: Porter & Coates. — Green's Medical Chemistry: H. C. Lea's Son & Co.— Publications of the Massachusetts Homœopathic Medical Society, Vol. V. — Ditto of Michigan. — Fox's Photographic Illustrations of Skin Diseases, parts 7, 8, 9, 10. New York: E. B. Treat.

PAMPHLETS. — The Therapeutic Action of Quinine, by J. W. Compton, M. D. — Electricity in Medicine and Surgery, by John J. Caldwell, M. D. — On Strangulated Veins of the Uterus, by T. H. Buckler, M. D. — Reports of the Massachusetts Homœopathic Hospital and of the New York East Side Infirmary for Fistula. — Hoyne's Illinois Homœopathic Directory. — Functional Heart Troubles, by Charles Kelsey, M. D., New York. — Tenth Annual Report of Massachusetts Homœopathic Hospital.

THE WESTERN ACADEMY OF HOMŒOPATHY

HOLDS its next meeting in the beautiful city of Minneapolis, Minn., in joint session with the Minnesota State Society, June 1, 2, and 3. Indications promise that this will be the largest and most profitable session yet held. Papers are promised and announced from the leading physicians of the West, and the chairmen of the various bureaux are hard at work. We append the list: —

"Clinical Surgery," A. E. Higbee, M. D., Minneapolis, Minn.; "Ophthalmology and Otology," J. A. Campbell, M. D., St. Louis, Mo.; "Pædology," W. A. Edmonds, M. D., St. Louis, Mo.; "Gynæcology," E A. Guilbert, M. D., Dubuque, Ia.; "Materia Medica," A. Uhlemeyer, M. D., St. Louis, Mo.; "Pharmacy," L. Sherman, M. D., Milwaukee, Wis.; "Psychological Medicine, Anatomy, and Physiology," H. B. Fellows, M. D., Chicago, Ill.; "Provings," D. T. Abell, M. D., Sedalia, Mo.; "Clinical Medicine," R. F. Baker, M. D., Davenport, Ia.; "Obstetrics," J. W. Haelstrome, M. D., Cincinnati, O.; "Sanitary Science, Climatology, and Hygiene," B. Bell Andrews, M. D., Astoria, Ill.; "Statistics, Registration, Legislation, and Education," R. D. Hill, M. D., Dubuque, Ia

All letters of inquiry, applications for membership, etc, can be addressed to the General Secretary,

C. H. GOODMAN, M. D.,
2619 *Pine Street, St. Louis, Mo.*

BUREAU OF GENERAL SANITARY SCIENCE, CLIMATOLOGY, AND HYGIENE IN THE AMERICAN INSTITUTE OF HOMŒOPATHY.

THE special subject for discussion, at the June meeting at Milwaukee, will be "Quarantine."

The divisions of the subject have been assigned to members of the Bureau, and papers promised as follows:—

A. R. Wright, M. D., Buffalo, N. Y., no paper.*

1. "International Quarantine," Bushrod W. James, M. D., Philadelphia. 2. "National Quarantine, including Sea-Coast Quarantine," Geo. M. Okford, M. D., Burlington, Vt. 3. "State and Local Quarantine," W. H. Leonard, M. D., Minneapolis, Minn. 4. "Quarantine for Refugees exposed to an Epidemic of any Kind, by River, Railroad, or Wagon-Way," D. H. Beckwith, M D., Cleveland, O. 5. "Disinfection of People, Cargo, and Baggage in Quarantine," W. S. Briry, M. D., Bath, Me. 6. "Summary of Quarantine Laws, Rules, and Regulations of different Commercial Nations," E. U. Jones, M. D., Taunton, Mass. 7. "The Cordon Sanitaire," Geo. A. Hall, M. D., Chicago, Ill. 8. "Sanitation and Location of Quarantine Stations," L. A. Falligant, M. D., Savannah, Ga. 9. "Kinds of Quarantine required for the Different Contagions," G. W. Barnes, M. D., San Diego, Cal. 10. "Quarantine of Mailable and Circulating and easily Transportable Material," Lucius D Morse, M. D., Memphis, Tenn.

From these reports, synopses will be made and submitted as a basis for discussion by the members of the Institute.

All the information that can be gleaned that is useful, new, and novel upon the topic is desired by the Bureau.

BUSHROD W. JAMES, M. D.,
Chairman pro tem.,
N. E. cor. 18th and Green Streets,
Philadelphia, Pa.

BUREAU OF MATERIA MEDICA, PHARMACY, AND PROVINGS, IN THE AMERICAN INSTITUTE OF HOMŒOPATHY.

SPECIAL subject to be reported on and discussed at the meeting in Milwaukee, June, 1880, "The Limits of Drug Attenuation and of Medicinal Power, in Homœopathic Posology."

I. The proofs of drug presence and power in attenuations above the sixth decimal:—

1. "As furnished by the tests of chemistry," W. L. Breyfogle, M. D. 2. "As furnished by the spectroscope and microscope," C. Wesselhoeft, M. D., J. Edwards Smith, M. D. 3. "As furnished by the tests of physiology," T. F. Allen, M. D., Lewis Sherman, M. D. 4. "As furnished by analogy from the field of impalpable morbific agencies," J. P. Dake, M. D.

II. The proofs of medicinal presence and efficacy in attenuations above the sixth decimal:—

1. "As furnished by the tests of clinical experience, in the use of attenuations ranging from the sixth to the fifteenth decimal," J. F. Cooper, M. D. 2. "As furnished by clinical experience, in the use of attenuations ranging from the fifteenth to the thirtieth decimal," A. C. Cowperthwaite, M. D. 3. "As furnished by clinical experience, in the use of attenuations above the thirtieth decimal," C. H. Lawton, M. D., H. M. Paine, M. D.

At the last meeting of the Institute, this Bureau reported upon the "History, Methods, and Means of Drug Attenuation," in an exhaustive manner. The reports of the current year, passing from the domain of pharmacy somewhat into that of posology, will complete a work of vast importance in homœopathy.

The Bureau will be pleased to receive items of information and experimental aid from members of the profession, and also from scientific persons outside, who may be interested in any division of our subject.

J. P. DAKE, M. D., *Chairman,*
Nashville, Tenn.

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*A. R. Wright, M. D., having resigned on account of ill health, has no paper. Dr. B. W. James was appointed to act in his stead.

Personal and News Items.

F. W. Hartwell, M. D., B. U. S. M., 1879, has succeeded to the practice of the late Dr. Doolittle, 19 South Union Street, Rochester, N. Y.

Dr. Ludlam, of Chicago, is hard at work on the new edition of his "Diseases of Women," which will be enlarged, fully illustrated, and entirely rewritten. He hopes to get it out by Sept. 1.

Dr. Samuel Potter, of Milwaukee, having been accused in a certain quarter of an imperfect medical education, has come out in a circular containing the affidavits of three ex-presidents of the American Institute of Homœopathy, to his regular standing. We really do not think that this was at all necessary, for the good work which Dr. Potter has already done testifies abundantly to his qualifications, to say nothing of his membership in our National Society.

Class of 1880, B. U. S. M. — We have been requested to publish the locations of the members of this class. We will do so in our next number, if any of our readers will furnish us with the desired information.

Dr. A. M. Cushing, of Lynn, who is so widely known to the profession in this State, for a long time, on account of his wife's delicate health, has felt imperative the necessity of leaving for some more genial clime, and probably before this meets the eyes of our readers, they will be in Asheville, in the mountainous districts of North Carolina. They will have the sympathy and good wishes of a large circle of friends. His successor in Lynn is S. W. Hopkins, M. D., of the last class of the Boston University School of Medicine.

Dr. Alonzo P. Williamson, of the Homœopathic Insane Asylum at Middletown, N. Y., has been recently appointed chief of staff of the Ward's Island Homœopathic Hospital, N. Y.

Dr. M. S. Williamson, of Philadelphia, has recently been married to Miss Mary B. Woodward.

Charles R. Fletcher, lecturer on chemistry in Boston University School of Medicine, has recently been appointed, by the governor, State Assayer.

The Boston City Hospital homœopathic petitions, so far as examined, show *splendid* results, scores of millions of taxable property being represented.

Another Bill to regulate the practice of medicine is now before the New York Legislature.

Otis Clapp & Son's "Catalogue of New England Homœopathic Physicians and Price Current" is, we venture to say, the most elegant publication of its kind yet issued. Its one hundred and sixteen pages are very handsomely printed, its directory as accurate as possible, and its descriptions and illustrations of instruments, books, and homœopathic goods very complete. It can be had for the asking.

The Homœopathic Mutual Life Insurance Company was organized in 1868, and issued its first manual with the following as its principal feature: "The adoption of what is called the homœopathic practice in medicine may be safely relied upon to lengthen human life, and thus diminish the amount necessary to be charged for insuring a life at a given age."

This proposition, based at first upon a large mass of facts gathered from various sources, has received confirmation in the tests given it by its practical application in the business of this company.

The analyses to which all data have been subjected, all classified comparisons of medical treatment, in which Homœopathy has been contrasted with Allopathy, have been of the most exhaustive character; the records of hospitals, dispensaries, prisons, the health-board records of mortality in private practice in large cities, and the mortuary records of life companies have been vigilantly examined for the facts. The generalizations have been from large bases, and the facts are overwhelmingly in proof of the above proposition.

The company therefore adheres to it.

THE

NEW ENGLAND MEDICAL GAZETTE

No. 6. JUNE, 1880. VOL. XV.

EDITORIAL.

A CHANGE FOR THE BETTER.

THE fifth volume (1878–9) of the Transactions of the Massachusetts Homœopathic Medical Society — which, as a bound book, has lately been distributed, although its component parts in pamphlet form have been issued at more or less regular intervals — shows quite a large number of papers, some good, some bad, some indifferent; but very little discussion on the subjects suggested by them appears. One of the principal advantages of society meetings, it seems to us, consists in the fine opportunity thus presented of comparing views and experiences in an off-hand manner. To inaugurate some such comparison, an elaborately written paper may be necessary, or at least advisable; but if papers are so numerous as to crowd out all discussion, and even to prevent each other's reading, — many being read merely by title, and referred to the Publishing Committee, — why should we waste our time in meeting at all, except for the social element, since we feel sure that everything we hear at such places, and more too, we shall soon have an opportunity to read, without such an expenditure of time and money? Experience has proved that the likelihood of their papers being read only by title, to say nothing of the almost utter certainty of their being followed by no discussion, has been not a little demoralizing to writers or would-be writers. An effort has recently been made, which, it is thought, will in a measure remedy the evils referred to. The executive committee of the society, at its last quarterly meeting in April, unanimously voted to divide the bureaus, all of

which now report both at the annual and semi-annual meeting, into two sections, one of which shall report in October, and the other in April. The former will comprise the bureaus of materia medica, surgery, gynæcology, ophthalmology and otology, zymotic diseases (this bureau is now for the first time established), and pharmacy. The latter will include the bureaus of clinical medicine, obstetrics, diseases of children, climatology, and registration and statistics. Under this new arrangement, it is confidently hoped that the effort to concentrate our forces, instead of spreading them over too wide an extent of territory, will be effective in improving the quality of the material offered, in giving room for free discussion, and therefore in greatly increasing the interest in our State society and its meetings. At any rate, the experiment is one well worth trying.

A CODE OF ETHICS.

We give below the full text of a "Code of Ethics," written by Dr. H. J. Bigelow, and adopted in February last (after some opposition, as we hear) by the councillors of the Massachusetts Medical Society. For the most part, the teaching of the code is excellent, and if followed, will insure to the members and their patrons a very satisfactory relation.

A code of ethics should be rather the exponent of the practical life of a society than a standard to which a few only of its noblest minds can attain; that is to say, it should be the outbirth rather than the source of professional probity. A fraternity made up of men acting under the highest sense of moral obligation would, perhaps, scarcely need a written code. They certainly would not require to be reminded that "the kind of competition which might be considered honorable in business cannot exist between physicians without diminishing their usefulness and lowering the standard of the medical profession." But societies are not so constituted, and we must consent to be governed by the prohibitory side of the decalogue until we can rise to the higher standard of habitual morality. It is a fact, as patent as it is melancholy, that doctors, in spite of the nobility of their calling, are possessed of a good share of selfishness, and sometimes (we

are obliged to say) of meanness of character; and we are not aware that those charming qualities belong to either school.

It is encouraging to know that there is an appreciable improvement in the tone of our professional intercourse, however, and we are happy to believe that many of the old causes of heartburn among us are fast dying out, and giving place to a manlier and more generous spirit. If reliable men were not greatly in the ascendant, our societies could not continue to cohere, but would fall apart from natural repulsion.

There is still "room for improvement," and we commend to the Massachusetts Medical Society a little less nervousness about the matter of contact with what they are pleased to call "irregular" practitioners; meaning, of course, all who are not members of allopathic societies, and notably the homœopathists, of whom they stand in particular aversion. It is quite noticeable in their new code that everything is put in the shape of a very quiet recommendation, except the matter of consultation with any one out of the limit of their own ranks. Then, no matter how well qualified legally, scientifically, and by experience the practitioner may be, the suggestion becomes peremptory, and the "sanction," as the lawyers call it, is appended to the rule.

Now, so far as we are concerned, we should be the last to feel disturbed. It is most unequivocally our interest to keep ourselves distinct and apart; for our school has now become so large and powerful, that, except possibly in the smallest country places, where our forces are scattered, we no longer need their aid in consultation, and in most cases it would be positively detrimental.

If the old school continues to shut us off from consultation, our advancement in medical science will be much more sure, as we shall be thrown entirely on our own resources and compelled to perfect ourselves. A conscientious self-reliance begets skill just as truly as "necessity is the mother of invention." So long, also, as we are willing to consult and they refuse, we shall retain on our side the mighty advantage of the popular sympathy for our liberality, which is necessarily coupled with popular indignation and amusement at their ridiculous pigheadedness.

Let us, also, some time have our written code; for there are plenty among us who need both its helps and its constraints.

Let its framing be done by our best and most truly honorable men, and let us one and all conscientiously follow its behests.

CODE OF ETHICS OF THE MASSACHUSETTS MEDICAL SOCIETY,

Adopted by the Councillors, Feb. 4, 1880.

Object of a Code of Ethics.

The Massachusetts Medical Society is designed to secure to the public a body of well-educated and otherwise trustworthy physicians. Its code of ethics is intended to furnish certain principles and rules of action for their guidance and convenience.

I.

The Relation of the Physician to Medical Science.

A physician should lend his influence to encourage sound medical education, and to uphold in the community correct views of the powers and the limitations of medical science and art.

II.

The Relation of the Physician to Medical Business.

The professional success of a practitioner depends upon qualities connected with his moral character, his scientific attainments, and also his industry and business talent. But the relation of practitioners of medicine to families and households is not like that of tradesmen to their customers. The kind of competition which might be considered honorable in business cannot exist between physicians without diminishing their usefulness and lowering the standing of the medical profession. (See IV. § 1; V. § 1.)

III.

The Relation of the Physician to his Patients.

The first duty of the practising physician is to his patient, who has a right to expect that his disease shall be thoroughly investigated and skilfully treated, with charitable consideration for his mental peculiarities or infirmities, and in a relation strictly confidential.

1. The physician should not make unnecessary visits. He should neither permit needless apprehension, nor fail to give seasonable notice of danger.

IV.

The Relation of the Physician to other Practitioners and to their Patients.

In his relations with another medical practitioner and his patients, a physician should be governed by strict rules of honor

and courtesy. His conduct should be such as, if universally imitated, would insure the mutual confidence of all medical practitioners.

The foregoing rule should be a sufficient guide of action. Some of the following contingencies will illustrate its application: —

1. A physician should take no step with a view directly or indirectly to divert to himself the patient or practice of another physician.

2. If formally requested to assume charge of a patient or family usually attended by another physician, he should consent to do so only after notifying the latter, — unless the case be one of pressing necessity.

3. If a physician is called to a patient during the temporary absence or illness of the usual physician, or in case of accident or other emergency, he should direct that the former be sent for as soon as he is able to take charge of the case, and should then relinquish it to him. It is generally agreed, that, among several physicians thus called, he who first arrives shall act, unless the family designate another.

4. A communication from the temporary to the usual physician, in the absence of the latter, should be written and sealed, and not simply verbal.

V.

The Relations of the Physician to Quackery.

In every community there are minds naturally inclined to quackery, which has flourished in every age. It grows by being noticed, and thrives best under opposition. It is commonly unwise to employ argument against it. But a physician should lend his influence to establish a distinct line between the regular practice of medicine and the practice of quackery, and should avoid any act which might tend to weaken such a distinction either in the professional or in the public mind.

1. Thus, he should not consult with an irregular practitioner (*see By-Laws*); nor countenance the use of secret remedies; nor be interested in medical trade-marked preparations; nor give certificates recommending mineral waters, patents, or medical preparations, or the like; nor give a commission to an apothecary, nor receive one from him; nor advertise himself or his practice in public print; nor publicly advertise advice or medicines to the poor, etc.

VI.

Consultations.

Consultation should be encouraged in cases of unusual responsibility or doubt.

A consultation is called for the benefit of the patient, and to give him the advantage of collective skill. Should there be a difference of opinion, discussion should be temperate, and always confidential.

A consulting physician should be careful to say or do nothing to impair the confidence of the patient or his family in the attending physician.

1. See, for guidance of a consultant, IV. §§ 1, 2, 3, 4.

2. At a consultation punctuality is important; and non-arrival within fifteen minutes after the appointed time should be interpreted as non-attendance.

3. For the advantage of the patient, and for economy of time, it is well in a consultation to observe a certain order of business. The following has been found convenient: —

The attending physician, having stated in general terms the nature of the case, may then call, in turn, upon each consultant, if there be more than one, to examine the patient, — the usual order being that of seniority. No consultant should make an examination or inquiry out of turn. On retiring, the attending physician may invite, in the usual order, the opinion of each consultant, who should not be interrupted while giving it; after which he may add his own. In conclusion a course of action may be agreed on, or the attending physician may be left to act at his own discretion.

VII.

Fees.

A fee table has a local application, and is designed to indicate a fair or average amount due for services. But if the patient fully understands it beforehand, a physician is at liberty to place any value he sees fit upon his services. It is then at the patient's option to decline them or to pay the price. A physician should be considerate of the poor.

1. A patient in moderate circumstances should not be called on to pay a fee unusually large for the service rendered, without a previous explicit understanding. A physician, if able, should offer to pay the medical attendant of himself or his family. Unless by special agreement, a physician attending or acting for another should receive the fees. Among obstetricians a rule obtains that the interval between the birth of the child and of the placenta halves the service and the fee. A fee should be charged for a medical certificate or paper of value to the applicant, — connected, for example, with absence or exemption, life insurance, pension papers, etc.; except the usual certificates of vaccination and death.

VIII.

Seniority.

Seniority applies rather to duration of practice at the place in question than to age.

A Threat Explained. — An officer, who was forced to send in his resignation, had said in public that "it might cost the lives of more than five hundred persons." This reached the ears of the Minister of War, who had him arrested. "What did you mean by this threat?" he asked, on his examination. "Why," replied he, "I threatened no one. I simply meant that I was going to be a doctor."

Disgusted. — In reply to an appeal from a Southern physician for the best method of treatment for chronic rheumatism, an allopathic practitioner of Michigan writes: "I am sixty-one years old, have practised medicine nearly forty years, and have had chronic rheumatism thirty years. For ten or fifteen years, when a man or woman has come to me with chronic rheumatism, I have taken down my double-barrelled shot-gun and said, 'Get out of here or I will blow your brains out!'"

OUR LONDON LETTER.

FROM HENRY HARRIS, M. R. C. S.

LONDON, during the months of January and February this year, suffered a continuance of weather almost unparalleled, — day after day fog, in its worst and densest form, turning day into night, and night into impenetrable darkness No one who has not experienced a true London fog can form any idea of its real character: the amount of smoke and dust held as it were in suspension in the atmosphere, irritating the eyes and choking the air passages of those unfortunates condemned to breathe it, renders it a visitation worthy to be classed with the plagues of Egypt. One day of such weather is enough to disturb the social equilibrium; but when day succeeds day, and week succeeds week, the mental and physical wear and tear are great indeed. Its effect on the public health was marked by a steadily increasing death-rate, culminating in the large number of forty-eight per thousand, — a higher rate than has prevailed since the great cholera epidemics. "*Tolle causam*," — but how? Dr. Shorthouse, an authority better known in the sporting than the medical world, suggests that powerful steam-engines should be stationed at various points to moisten the air and thus render it respirable; but I am afraid this is too radical a proposition to be adopted in conservative England. As a natural result, all medical practitioners had their hands full, both from increase of work and the difficulty of doing it; and this is one reason why this letter was not written earlier.

The general election just concluded has terminated the existence of a ministry which included among its members three, at least, avowed homœopathists, — the Earl of Beaconsfield, Earl Cairns, and Lord Bury. But homœopathy has profited little thereby. It came into office with the motto, "The Health of the People": it marked its early days by dismissing the man who had done more for the cause of state medicine than any other Englishman; it signalized its close by appointing to the post of Registrar-General a retired officer of the Guards, ignoring the claims of our greatest medical statistician, Dr. Farr. For its successors it has left plenty of work to do, in the reform of the Medical Education Act, the perfecting of the vaccination laws, the revisal of the Contagious Diseases Acts, the reversal of the Act against vivisection, and last, not least, the rescuing from the grasp of speculators the supply of water to the Metropolis.

The third annual meeting of the London School of Homœopathy was held on the 15th of April, and from the report, it appears that the number of students was, during 1879, — winter

session, twelve; summer session, ten. There was also held a class for female missionaries. Financially, the school has, in common with all English charities, felt the effect of the bad times; but the present year, it is hoped, will make up the deficiency. The resignation by Dr. Hughes of his post of lecturer on materia medica, owing to the pressure of his private practice, throws on the authorities of the school the serious task of selecting a suitable successor, which will be a delicate matter. For the vacant chair there are six candidates: Dr. Pope, editor of the "Homœopathic Review," and well known by his numerous essays and contributions to homœopathic literature generally; Dr. Burnett, editor of the "Homœopathic World," and author of "Gold as a Remedy in Disease," "Natrum Muriaticum as a Test of Drug Dynamization," and other works; Dr. Blackley, clinical lecturer of the School, and son of the talented investigator of hay fever; Dr. Cooper, at present lecturer on Diseases of the Ear in the School; Dr. Clark, of Ipswich, at one time house surgeon of the hospital; and Dr. Berridge, well known as the representative of ultra-Hahnemannism in England. In the face of this difficulty of selection, it was determined to associate the whole body of the medical governors with the committee for the purpose of election. The future success of the School will no doubt depend greatly on the best man being chosen, — one who will steer a safe course between the materialism of the pathologist and the ethereal nothings of the self-called Hahnemannian. Dr. Hughes's teaching has been all that could be desired, but has, so rumor says, failed to attract an audience; whilst the lectures of Dr. Dyce Brown retain their popularity. The reason is not far to seek, and goes to the root of the whole system of teaching by lectures. This method of education was the best and indeed the only one possible when books were scarce and dear; but now that they are within the reach of every one, nothing short of compulsion will make students attend lectures which they can read in half the time in their own room. Dr. Hughes's work on Pharmacodynamics is most admirable. and by its publication he laid the whole medical world under an obligation; but it cut his throat as a lecturer on materia medica. Students rightly or wrongly deem that his lectures are but a reproduction of his book, and consequently stay away. Dr. Dyce Brown has not written a "System of Medicine," and for his success as a lecturer, it is to be hoped he will not — *yet.*

Old errors and prejudices die hard; and we have had lately several proofs that medical bigotry, which some amongst us fondly hoped was almost defunct, is still full of life and vigor, needing but opportunity to place the poor homœopaths under the heel of oppression and professional ban. In the March

number of the "Homœopathic Review" three striking instances of this evil spirit are mentioned. In one case a London consulting physician declines to meet Dr. Matthison, on the ground of professional etiquette forbidding him, though on two previous occasions he had made no objection. Dr. Matthison justly says in his reply, "Surely it is reasonable that two men who happen to differ in the matter of medical treatment should, nevertheless, be at liberty to confer together on the certainly not less important questions of diagnosis and surgical proceedings, — points on which there is no difference whatever between allopathic and homœopathic practitioners"

In many of the large towns of England there is what is termed "Hospital Sunday," when collections are made at all places of worship in aid of the various hospitals and dispensaries. In most instances, the homœopathic hospitals and dispensaries have been allowed to share in the distribution. In the city of Norwich, however, this has not been the case until this year, when, after a futile opposition of a knot of medical men, aided by a medical church dignitary, it was carried by a large majority that the homœopathic dispensary conducted by the Drs. Roche should be added to the list.

A third instance of still more absurd bigotry, and a still greater triumph for homœopathy, has just occurred at Bournemouth, now, perhaps, the most fashionable of the invalids' seaside resorts, and in consequence thereof the abode of four practitioners of homœopathy. The committee of the St. John's Ambulance Association, a society recently started with the laudable object of teaching the public how to act in certain medical and surgical emergencies, being desirous of arranging for the delivery of a course of lectures to ladies on the proper modes of attending to the immediate wants of persons sustaining accidents, — of staying hemorrhages, applying bandages, etc., — applied to several of the medical men of the town to deliver the lectures. After several refusals, five gentlemen consented to act, and the list of lectures, with the names of the lecturers, was accordingly published; but, "*Horribile dictu!*" amongst the names were those of Dr. Frank Nankivell and Dr. Hardy, well known in the town as practitioners of homœopathy. Who will not pity the three poor allopaths brought into so degrading a connection? Could it be that the sons of orthodoxy should lecture for the same class as had listened or would listen to the heterodox discourses of the hated homœopaths? No, never! So the three gentlemen, Drs. Douglas, Turner, and Fraser, let their names be immortalized, and resigned their posts. Their places were filled by Drs. Drury and Herbert Nankivell, the other two homœopaths of the town. The course of lectures was delivered, was a great success, and added a considerable sum to the funds of the Association.

THE VALUE OF TRITURATED GLASS.

BY C. WESSELHOEFT, M. D., BOSTON.

GLASS was chosen by me as a substance for illustrative experiment, in order to demonstrate the utmost divisibility of hard, insoluble substances; furthermore, to arrive at a correct estimate of the ultimate particles obtainable by trituration; and lastly, for the purpose of exhibiting, by analogies, the possibility or impossibility of dissolving certain substances usually considered as insoluble in water or alcohol. I began by triturating a couple of two-drachm vials of pure white glass in a porcelain mortar. Though very hard, it broke up easily into fragments, and in four minutes it was already reduced to a fine powder. A fragment of this powder, moistened with a drop of water, and magnified three hundred and fifty to seven hundred times, showed in either case that a portion of the glass had been reduced so far as to produce innumerable particles measuring from $\frac{1}{1000}$ to $\frac{1}{3000}$ millimetre, in rapid molecular motion.

Now, after adding sufficient water to the dry glass-powder, its trituration was continued for thirty minutes longer, thus gradually reducing it to a mass of delicate creamy consistency; by avoiding amalgamation of the mortar, the glass particles were ground more effectually by the direct force which was expended upon them. At the same time, the water would dissolve the minutest (incredibly minute) particles of glass, and cause them to vanish, if this were possible.

It now seemed as if this extremely fine creamy mass, which felt like velvet to the fingers, though still gritty to the more sensitive teeth, must have reached a degree of fineness which possibly the microscope would fail to resolve. A particle of the cream upon a slide, and beneath a glass cover, with a drop more of water to separate the particles, readily disclosed countless numbers of minutest particles of $\frac{1}{1000}$ to $\frac{1}{3000}$ millimetre, which, when viewed under powers of seven hundred to eleven hundred diameters, were seen to be in rapid molecular motion. Magnified from three to four hundred diameters, these particles were also distinctly to be seen, though their motion was almost imperceptible at this amplification. Balsam preparations of this fine powder show the dimensions of the particles very clearly, and leave no doubt as to the ultimate degree of divisibility of glass.

Not satisfied with the results obtained, and hoping to attain a still higher degree of subdivision of particles, I obtained, through the kindness of Messrs. Otis Clapp & Son, three series of triturations of pure glass. The first series consisted of one ounce of glass

triturated in a dry state by a machine* for *nine* hours, a sample being reserved at the end of each hour. The second series consisted of one ounce of glass triturated in a dry state for three hours, and then in a wet state for six hours longer, a sample being reserved at the end of each hour. The third series was the first decimal trituration of glass with sugar of milk, continued for nine hours.

The result of microscopic examination of these three series of triturations may be briefly stated, though the preparation and examination consumed much time. Beginning with the *dry* trituration of nine hours, this was found to consist of countless particles from $\frac{1}{1000}$ to $\frac{1}{3000}$, or, on an average, $\frac{1}{2500}$ millimetre. Still there were present a great many much larger fragments, of $\frac{1}{100}$ and even of $\frac{9}{25}$ millimetre. If the whole quantity of glass had been reduced to its ultimate particles, these would have been doubled in number, according to my estimate. From this trituration of nine hours down to that of one hour, there was perceptible only a very gradual increase of largest fragments, and a proportional diminution of the minutest particles; so that the trituration of one hour consisted of very numerous large blocks or fragments of $\frac{18}{200}$ millimetre down to the minutest particles in considerable numbers, but decidedly less numerous than in the more prolonged triturations of this series.

The difference between the above and the *wet series* was very slight. The specimen of nine hours exhibited large particles, of which some measured $\frac{1}{50}$ to $\frac{1}{100}$ millimetre. The minutest ones clearly and invariably fell within the limit of which the average would be $\frac{1}{2500}$ millimetre.

The nine-hour trituration with sugar of milk exhibited no difference from the preceding one; and it is evident that if there were a difference in comminution between glass ground with sugar of milk and glass ground by itself, the smallest particles should reasonably be expected to result from the latter, rather than from the contact with soft sugar of milk, which exerts little if any crushing effect upon glass.

I will add in this place that platinum and zinc were each examined in the first and third trituration prepared in the ordinary way, showing particles of $\frac{1}{1000}$ to $\frac{1}{2000}$ millimetre; thus exhibiting a distinct difference from the minutest particles of glass.

* This is composed of large mortars, revolving around their axes in one direction, while the pestles, which can be made to exert any degree of force, revolve around their eccentric axes in spiral motion in the opposite direction from that of the mortar, while a spatula is so arranged as constantly to throw the powder back into the bottom of the mortar.

EVIDENCE OF THE LIMIT OF DIVISIBILITY, AND DEFINITION OF "INCREDIBLY" SMALL.

Dr. Hering * adduces as a proof of much greater divisibility of matter the declaration that "everybody knows that the size of smallest attainable particles is either entirely dependent on the rough surfaces of the mortar and pestle, or in case of precipitates, on the degree of solution. The more a solution is diluted, so much the smaller will be the dust-like particles which fall down, so that in larger quantities, weeks elapse before such particles reach the bottom." Dr. Hering evidently is of the opinion that I have not seen the smallest particles, which would require weeks to fall down, and that my observations regarding the equality of particles of precipitates with the particles found in triturations of precipitates are all wrong.

Let us see.

About a drachm of glass triturated for nine hours was stirred up in eight ounces of distilled water, thus forming a liquid of milky appearance. Subsequent daily examinations (by low and high powers of the microscope) of the topmost stratum of the liquid proved clearly that numerous minutest particles of glass, of $\frac{1}{1000}$ to $\frac{1}{3000}$ millimetre, floated *near the surface and intermediate strata of the fluid for twenty-four days, and as they subsided with great slowness, probably for many days longer.* From day to day the supernatant portion grew slightly clearer, and even after three weeks these floating minutest particles of glass were easily found in abundance in all parts of the liquid, but especially in the intermediate strata; proving conclusively *that the fineness of simple trituration equals that of the precipitates alluded to by Dr. Hering.* That such is actually the case was clearly demonstrated by the glass particles; it was evident not only under the microscope, but very distinctly even to the unaided eye, which, after more than three weeks, was able to detect a faint opacity in the form of a cone, descending from the surface of the fluid to the bottom, when the beaker glass was placed at a short distance below a lamp, while the eye was on a level with the fluid. This appearance did not subside till after the fourth week.

It follows from the preceding that all supposition, however rational in appearance, may be futile; while the simplest direct observation reveals the fact *that the minutest particles produced by mechanical means are equal to the minutest particles of precipitates, which cannot be further reduced by mechanical means like*

* Supplement to No. 5 of "Populäre Zeitschrift f. Homœop," May 1, 1879. Leipzig: Willmar Schwabe.

trituration with or without sugar of milk. The microscopic test in particular proves that the limit of subdivision by grinding in a mortar, for instance, is between $\frac{1}{1000}$ *and* $\frac{1}{3000}$ *of a millimetre.* This conclusion is inevitable when we consider the micrometric results of the examinations of the substances above described. It remains to add here that the dimensions of particles of other metals, such as tin, zinc, and platinum, which were also subjected to careful microscopic examination, fall precisely within those limits; *furthermore, such dimensions are reached in triturations of the foil or filings of such metals, whose smallest particles can only be made to equal, but not to exceed in minuteness those of the precipitates.* So much for what "everybody knows."

But to return to the original proposition of our school, that the changes wrought in certain substances by trituration are so "incredibly" great as to permit them to become soluble in pure water or alcohol. The question arises, What is incredibly small, or what degree of fineness or attenuation had hitherto been assumed to have been reached? Thus far, physicians have never agreed upon a definition of the idea embraced in the assumption; but undoubtedly all held that by trituration a degree of fineness, attenuation, or expansion was achieved, bordering upon or equivalent to a liquid or gaseous state.

Dr. Hering evidently represents this view, hitherto shared by all of us; for he says (*loc. cit.*), "It is unnecessary that a substance capable of producing an effect must be present in a visible form, in order to be seen by an inexperienced eye"; and that "no apothecary's apprentice of four weeks' standing would allow himself to be cajoled into the notion that only solids, but not *liquid or gaseous substances*, could produce an effect." Thus Dr. Hering fairly represents the hitherto prevalent opinion of our school, that, notwithstanding all observations to the contrary, a triturated substance must be present in an *invisible* degree of fineness.

The following observations will illustrate this subject:—

If "incredibly" small means gaseous or liquid, then the microscope would naturally fail to disclose its constituent molecules. But fortunately we are not so far from the incredible after all. If in the early days of triturations any one had asserted that particles as fine as $\frac{1}{3000}$ part of a millimetre could be produced, and seen by means of the microscope, it would have been a marvel. It is quite as marvellous to-day; only what we have often seen, and become familiar with, is apt to appear coarse and commonplace as soon as it is divested of its air of mystery. But when we consider how wonderful the clear revelation of extreme minuteness is, we should be satisfied with it.

Yet some will ask very justly, How do we know that this is

the limit, and that there are not immeasurably small particles present? The difficulty lies in the misapprehension of the inexperienced, and in confounding the limit of mechanically attainable minuteness with the limits of microscopic vision, and also in confounding the figures representing amplifications with the figures designating micrometric dimensions of objects.

In stating the limit to be $\frac{1}{8000}$ millimetre, I have probably understated the size of particles; $\frac{1}{25000}$ is nearer the average. But the limit of microscopic clear defining power lies a long way beyond. Thus the parallel lines of *Frustulia Saxonica*, a small diatom (equal to No. 18 of Möller's test plate), are 3,500 to the millimetre.* They are not only visible, but sharply definable, by a good immersion objective, and an eye-piece with which the highest available magnifying power is not reached. I think less than 1,000 diameters will reach it if the glass is a good one. At all events, it will be readily understood that any objects which are not only *larger* than the lines of the diatom, but which are single and isolated, cannot escape microscopic vision and definition, and are much more readily seen than the shallow and extremely close lines of the *Frustulia*. And yet this is not the limit of microscopic resolving power. Nobert's nineteenth band, having 100,000 lines to the inch, or about 4,000 to the millimetre, may be seen and defined.

Yet, without actual definition of structure, it is possible to see, by still higher amplifications, objects which are much smaller, and measurable notwithstanding their smallness; and hence it must become clearly intelligible that if we had particles upon our slides smaller than those we derive from triturated metals, silica, glass, etc., they could be easily seen, because they could not escape microscopic perception. A particle of $\frac{1}{25000}$ milimetre magnified 1,100 times is quite a large object, about half as large as a pin-head; and now, if there were smaller particles present, we would observe a regular gradation downwards. But there is absolutely nothing of the kind; for if there were, they would be distinguished as easily as we can distinguish small shot from cannon-balls. When three such particles have ample room side by side between the lines of an ocular micrometer equal to $\frac{1}{1000}$ of a millimetre, we can safely say that they are $\frac{1}{30000}$ of a millimetre in diameter.

This being the case, are we still to assume that anything like a gaseous or liquid state is reached by trituration? We are far from it, and still we have reached a degree of fineness that will readily account for all pathogenetic and therapeutic effects ob-

* Dr. H. Frey on the Microscope, p. 41.

tained from triturations containing a sufficient quantity of such particles.*

It will not require a lengthy argument now to prove that dilutions, attenuations, or potencies cannot be made from solutions of triturations which were once believed to contain matter in a state of rarefaction bordering upon the gaseous or liquid state, but which is not the case, as I have shown, and of which every one can readily become convinced without much exertion. Still it is asserted that these minute particles of insoluble substances, like gold and silica, are soluble in water and alcohol. Dr. Buchmann asserts that their molecular motion proves it, as it indicates, according to his notion, the presence in the liquid of invisible particles undergoing solution. Although gold and silver are not volatile, gold and silversmiths are acquainted with substances ("metal-thieves") which in volatilization carry precious metals away with them, thus causing a loss; other analogous instances are related,† yet it is not to be presumed that pure water or alcohol will have an effect of this kind.

This reminds me of the memorable meeting of the Institute at Put-in Bay, when the imperceptible attenuation of gold rings worn for many years was mentioned as a proof of the invisible diminution of gold. A simple test will explain this. Take a gold ring and rub it over a strip of white paper, ivory, or even glass, and the microscope will readily reveal the particles thus rubbed off, lying in brilliant groups in the uneven surface of the paper or other substances used. The smallest particles thus obtained will not exceed in minuteness the limits before described, as frequent measurements and tests prove.

If molecular motion of a substance indicates its degree of solubility, then glass is one of the most soluble substances known; for its minutest particles move with exceeding swiftness in their rotating, tremulous motion. And if it were true, we should henceforth be particular not to shake our vials too vigorously or "potentize" too persistently, for fear of mingling the effects of silicate of potash, and those of arsenic, lead, etc., used in the manufacture of glass, with the medicine undergoing potentization. A little fearless consistency will liberate us from creeds built up on futile speculation; but it will not injure homœopathy.

The transparency of minutest particles is asserted. It is well known that the thinnest gold and silver leaf is translucent. I will concede for the moment, for argument's sake, that coal,

* The limit of divisibility of soluble substances has received full attention at my hands in a report to the American Institute of Homœopathy, at its meeting in 1879, which will appear in the forthcoming volume of the transactions.

† Carl Vogt, "Text-Book of Geology."

gold, lead, and iron are transparent like glass. Whether the former be transparent or not, there is no doubt as to the perfect transparency of the latter; but I am forced to insist that the transparency of glass is no proof of its solubility in anything. Hence transparency does not prove the solubility of other substances.

NOTE. — In the preceding article on this subject in the May GAZETTE, on page 134, last line, for "$\frac{1}{1000}$" read "$\frac{1}{100}$"; and on page 138, sixteenth line, for "water" read "matter."

[*To be continued.*]

HOPEFUL SYMPTOMS IN MEDICAL EDUCATION.

BY PRES. WM. F. WARREN, LL. D.

(*Continued from page* 146.)

ANOTHER remarkably hopeful symptom came to the light at the last meeting of the American Medical Association. Ever since the people of Michigan saw fit to establish in their State University a new course of training acceptable to the second State medical society, and to offer to students a university freedom of election between the two, the members of the first State society have been not a little disturbed. To narrate all their efforts to compel those of their number who constituted the original medical faculty at the University to refuse to serve the State, unless they could monopolize the work of instruction as at first, would require much space. Enough, that on June 6, 1878, at the annual meeting of the American Medical Association, — a body composed of delegates from the so-called "regular" societies and colleges in the United States, — the quarrel culminated in the proposal of the following amendment to paragraph first, Art. I. of the second division of the Code of Ethics of the body: "And hence it is considered derogatory to the interests of the public and the honor of the profession for any physician or teacher to aid in any way the medical teaching or graduation of persons, knowing them to be supporters and intended practitioners of some irregular or exclusive system of medicine." This being a proposal to amend the organic law of the Association, it was laid over, under the rules, for one year. At the last meeting of the Association, held at Atlanta, Ga., May 7, 1879, the proposed amendment was taken from the table, and put upon its passage. During the discussion Professor Dunster delivered the able and extended argument cited at the head of this paper. In it he opposed the amendment both on technical and general grounds. One of his arguments was thus expressed: "But it may be in-

operative in another respect, — a purely legal one. For if a student who is a supporter of 'some irregular and exclusive system of medicine,' to quote the words of the amendment, were to apply for admission to any college holding a charter from the State, and comply with their published requirements, and were to be refused admission, he could, if so disposed, compel the college to admit him; for I am informed by one of the most eminent jurists in the country, that there is not a court in the land but would issue a *mandamus* on such a showing." His conclusion was as follows: —

"Let me sum up this whole matter, then, by saying that the objections to the proposed amendment are many, and in my estimation insuperable and unanswerable. I have shown, or endeavored to show, that it is contradictory to the letter in many places, and also to the general spirit of the code as it now stands; that it is grossly illogical, and in its reasoning is discreditable to the scholarship of this Association; that it is now, and must of necessity always be inoperative, not only as a matter of every-day practice, but also by reason of certain well-defined legal limitations in which this Association is without jurisdiction; that it is based upon a fallacious assumption, — to wit, that teaching truth and science tends to build up and strengthen irregular and exclusive systems of medicine; that to establish the principle embodied in the amendment — that truth in medicine must not be taught to unbelievers — would prevent the teaching of truth in any department of human learning to sceptics and unbelievers; that the experiences of history are clear and convincing that error, slowly it may be, but surely, disappears before the promulgation of truth; that it is a part of the old-time policy of intolerance and persecution, whose only effect will be to build up and strengthen sectarian medicine; and finally, that, by the proposed course, we lay ourselves open to the charge of a want of faith in our own system, and confess our inability to compete with a school of medicine which we believe, both in theory and practice, to be largely based on error, or at all events, to state it as mildly as possible, on a misconception of the truth.

"By all these considerations, then, I appeal to you, gentlemen, to reach your conclusion with great care and deliberation; make your decision solely with the view of upholding the lasting honor of our noble profession, and take no step that can be construed by the world at large as a confession of a want of faith in the strength and perpetuity of rational medicine; but rather, with a far-sighted, wide-reaching, more generous, and an infinitely wiser policy, let us make a public profession of the faith that is in us by boldly declaring our willingness to educate, and thereby to elevate, every one up to that standard of truth before which error

must ultimately and inevitably disappear. Do this, and we shall have no occasion to regret the work of to-day; for it will remove in a large degree the reproaches so often heaped on us for our intolerance and bigotry, and it will open up a new era of generosity and toleration in the treatment of exclusive and irregular systems of medicine. Do the opposite, and adopt this amendment, and it is a stride centuries backward in the historic march of medicine; for it places us right alongside those old worthies — the Asclepiadæ — whose laws forbade the revealing of 'sacred things except to the elect,' and who exacted from students and strangers the tests of initiation before admitting them to share in their knowledge. Finally, in all your discussions and in your decisions, forget me, and forget the great university which I have the honor to represent; for if you can stand the disaster and discredit that must come with the adoption of this amendment, we certainly can stand your censure."

That after these brave and eloquent words the Association found itself unprepared to adopt the amendment, is not remarkable. The only action taken upon it was to lay it over for another year. When next May comes, we may be very sure that university freedom of instruction will not lack for new and adequate champions.

Still another encouraging sign of progress is seen in the recent establishment and successful working of the American Medical College Association. This body, organized in 1876, aims to secure, among so-called "regular" medical colleges, concert of effort in improving the quality and raising the standard of their training.

Thirty-three colleges are now included in the Association.

The need for such combined action was very great. The appeals of the more intelligent physicians had proven powerless. "For thirty years there has been a steady but totally ineffectual pressure brought to bear on the colleges by the better part of the profession, in order to obtain better preliminary training, a lengthening of the lecture terms, an increase of their number, and an enlargement and improvement in the subjects of instruction." The schools in question found reform too seriously opposed to their pecuniary interests to be undertaken in haste. "The medical colleges," writes Dr. Warren, "are mostly joint-stock corporations, who furnish as little medical education as they can sell at the highest rate they can obtain. Their number is excessive, and the competition between them very keen. They are consequently disinclined to introduce any new features which may scare students of low acquirements away, or which may add seriously to the expenses of the institution" Ten years ago there was not a medical school in the United States which held

regular entrance examinations, even in form. But one, the Medical College of Chicago, presented a graded course of instruction. In a large number of these institutions the candidate could take his degree of Doctor of Medicine *after attendance a single term of fifteen or twenty weeks.* In some, where attendance two terms was required, the instruction of the first was simply repeated, and both terms thus brought within the limits of a single year, or even less. Against the whole of them Dr. Davis, one of the most eminent authorities who has written on the history of these colleges, brings the charge of "even reducing the final examination to the simple process of asking a few oral questions in the mysterious 'green-room.'" In cases where more formal tests were attempted, the candidate had the satisfaction, as Dr. Warren says, of thinking that "the college wanted his graduation fee as badly as he wanted its diploma," and that it "would pass him if there was the slightest excuse for doing so."

As recently as in 1877, the defects of the so-called "regular" medical colleges were thus summed up by Dr Pepper: "1st, The absence of a preliminary examination; 2d, The very short term of studies required; 3d, The want of personal training in the practical branches; 4th, The absence of any grading of the curriculum; 5th, The examination of the candidates for the degree by those having a direct pecuniary interest in their success."

As yet the American Medical College Association has done nothing to remedy the first, third, fourth, or fifth of these defects. Even in the case of the second, all it has secured is an agreement on the part of the contracting colleges, that the college year shall be in each institution at least twenty weeks in duration, and that the student shall attend two such lecture terms during his three years of attention to medical studies. Under the circumstances, however, even this is a gain not to be despised.*

A college year of twenty weeks is certainly better than one of only thirteen; and two years of any description are twice as good as one. The greatest gain of all, however, lies in that accomplished mutual understanding and co-operation which lays the basis for future advancement in standards and methods as fast as the Association can see its way open. Both in the interest of medical education and in that of the general public,

* The following, from the Boston "Medical and Surgical Journal," sounds neither generous nor just: "The Association appears to be of a mutually protective character, designed to keep enterprising faculties from underbidding one another, and not a body bent upon true progress in education. Such an organization pulls downwards as much as it lifts upwards."— Vol. CI. p. 279.

one can but rejoice that the ruinous competition lately existing between these thirty-three institutions has at last been broken, and that they can now unite their forces to labor for mutual improvement, and for the elevation of the standard of other schools connected with their branch of the profession. The main credit for the origination and successful working of the Association seems due to the originators and officers of the American Medical Association, organized in 1847. These had to encounter at the start a fierce opposition from some of the medical colleges, and traces of the old feeling unfortunately survive to the present day

Within the past decade the rising influence of the leading universities has introduced into all problems of professional education in this country a new and powerful factor. Prior to 1870 there was hardly a medical school in the land which, whatever its nominal connections, was not practically controlled by its faculty, and regulated with large reference to their pecuniary interests. Six, regularly chartered in their respective States, are still publicly charged with selling their diplomas outright. There was not a law school whose terms of admission, promotion, and graduation were not simply disgraceful. It was left for a university school of law, opened as late as the year 1872, to present and maintain for the first time in the United States a three-years' course of legal instruction. It was likewise reserved for a university school of medicine, opened in 1873, to be the first to present courses of medical instruction four years in duration, to reinstate the baccalaureate degrees in medicine and surgery, and to make *three years' attendance upon lectures* the minimum requirement for graduation.*

Meantime other and older universities have not been idle. In the fall of 1875 the University of Michigan began to require of candidates for admission to its department of medicine and surgery, unless graduates of colleges or academies, a preliminary examination in certain fundamental studies.† In 1877 Harvard University introduced the same improvement. The Northwestern, the Syracuse, and the Iowa State Universities now hold similar entrance examinations, but the exact year of their introduction is not known to the present writer. The University of Pennsylvania has announced that, beginning with next autumn, candidates for admission to its medical department — not graduates of colleges — "will be required (1) to write a brief essay,

* Annual announcement of Boston University School of Medicine for 1878, — the year of the introduction of these three features.

† The statement of the dean (Appendix to President's Report, 1879, p. 23), to the effect that "at that time no other medical college in the country required such an examination," betrays a lack of full information. In the Boston University School the requirement has existed from the beginning, in 1873.

not exceeding a page of foolscap, which will serve as a test of qualifications in orthography and grammar, and (2) to undergo an examination in the elementary principles of physics as contained in Fownes' Chemistry."* The medical circular of Yale issued last spring proposed the introduction of an entrance examination to cover English branches, algebra to quadratics, two books of Euclid, Balfour Stewart's Elementary Physics, and the translation of easy Latin prose or Virgil's Æneid. Though the more recent announcement of the last catalogue shows some reduction of these requisitions, and makes it optional with students to pass the examination in them before entering the college, or at any time during their course, there can be little doubt that this institution also will soon take its place with those which maintain some preliminary tests of fitness for entrance upon the study of medicine.

The grading of students into classes, and the extension of the courses of instruction to two and three years, with examinations for promotion from year to year, have been, so far as accomplished, almost entirely the work of the university schools. The pioneer in this needed reform was the Chicago Medical College, the medical department of the Northwestern University. Founded in 1859, it had the honor of standing for a full decade the solitary representative of a graded course of medical instruction. In 1869, in its statutes of organization, Boston University adopted for its School of Medicine a graded course of three full years. In 1871 Harvard University introduced a like curriculum, and lent her powerful influence to the reform. The following year Syracuse University organized a medical department upon the same plan, which was also followed in 1877 by the University of Pennsylvania. According to recent announcements, the University of Michigan and Yale College are to introduce the same feature the coming scholastic year.

Finally, the improvement of medical education is rapidly rendering the catholicity of true science possible to the profession. This, also, is most auspicious. It is already destroying the old barriers of sex-prejudice. It is destined to obliterate the lines of party and sect. The microscope and scalpel and sphygmograph are not sectarian. The new chemistry of our time is not concerned respecting its agreement or disagreement with traditional pharmaceutical theories. In the light of the biology and physiology and pathology of to-day, the wars of the Humorists and Solidists seem only a grotesque dream. In the study of the physiological action of drugs, old-school men and new-school men are coming to vie with each other. Even "provings" *in sano*

* The requirement of an examination in one book of Cæsar was announced, but apparently afterwards withdrawn.

corpore occur in unexpected quarters. All parties are reaching the conviction that, with the rigid and patient application of scientific methods to all investigations included and related to medicine, some things can be ascertained and forever established as true science. This true science, on which a rational practice may then be based, is that for which, with unusual eagerness, students and teachers of all schools are searching, and which, when found, and as fast as found, will give them a common platform on which to stand. In this searching and finding all are regulars who conform to the rules of right reason, and all are irregulars and exclusives who place unverifiable traditional dogmas, or a narrow trades-unionism, above the truth.

Two months ago an honored French physician, speaking of the undeniable progress of his art, declared that, being in a perpetual becoming, medicine "*doit avoir ses révolutions.*" The layman rejoices in the admitted progress; but therefrom would prefer to draw the happier inference, that therefore medicine ought to have "its evolution," its steady and orderly scientific development from generation to generation. One essential condition, however, of such an evolution is the modesty of the truly scientific spirit. The motives of those who devote themselves to its cultivation must be lofty and unselfish; their purposes must be noble and strenuous. The proverb *Galen dat opes* must be made to read *Galen dat opus.* Assumption and bigotry and dogmatism must give place to docility and candor, and respect for all truth. Without these ethical elements of progress, the future will continue to yield revolutions in the place of evolution; catastrophic changes, but no normal growth. Without them the future will still witness such scenes as that witnessed only last November in the highest and most learned and dignified medical body in France, — L'Académie de Médecine, — when a renowned investigator closed a scientific memoir with fifteen ringing anathemas upon the dissenters from his view, ending the portentous objurgation with the words: —

"Finally, —

"Anathema to the old-time medicine, to all its false principles, to its methods incorrect, to its dogmas superannuated!

"Anathema to all the masters who teach these subversive doctrines, to the disciples who follow them, to the sick who have the stupidity to ask assistance from them!"

Fortunately the symptoms here reviewed permit us to anticipate a happier fate for this ancient and honored profession.

Reviews and Notices of Books.

Post-mortem Examinations. By Prof. Rudolph Virchow, of Berlin. Translated by Dr. T. P. Smith. Philadelphia: Presley Blakiston. 1880. Pages 145. Boston: Lee & Shepard. $1.25.

When Virchow became Prosector in the dead-house of the Berlin Charité Hospital, almost forty years ago, he found the methods of making autopsies very faulty, and set about the task of bringing order out of chaos by originating more systematic methods, and by having accurate notes taken at the time instead of trusting to the memory afterwards In this little book he gives us many practical hints growing out of his large experience, and also quotes, explains, and criticises the regulations which for the last five years medical jurists have by law been obliged to follow in performing autopsies. About half of the book is taken up with detailed descriptions of four autopsies performed according to these regulations, which may serve as models. Whatever Virchow says demands attention.

Photographic Illustrations of Skin Diseases. By Geo. Henry Fox, A. M., M. D. Parts 7, 8, 9, and 10. New York: E. B. Treat, 805 Broadway. 1880.

The continuation of this work, which we have already highly commended, gives beautiful and accurate colored representations of lupus (vulgaris and erythematosus), epithelioma (superficiale and rodens), trichophytosis, or ringworm (capitis and corporis), lichen (planus and ruber), kerion, lepra maculosa, molluscum, erythema multiforme, phtheiriasis (capitis and corporis), scabies and porrigo e pediculosis. Most of them are full-page plates printed by the new artotype process, and colored by the hand of one who is both an artist and a physician.

Medical Chemistry. By Wm. H. Greene, M. D., of the University of Pennsylvania. Philadelphia: Henry C. Lea's Son & Co. 1880. Pages 303. Boston: A. Williams & Co. $1.75.

Those of our readers who as students used and appreciated "Bowman's Medical Chemistry," will get some idea of this book by being told that it is to a considerable extent modelled after and founded on Bowman's, which was universally considered in its day the thing for students, but which is now out of print. Besides, since the issue of the last edition of Bowman, many

advances have been made in chemical science, which have been incorporated in the book before us. Plentiful illustrations, mostly of the microscopical appearances of constituents of the urine, casts, blood, pus, spermatozoa, etc., are scattered through the text. We can heartily commend the book to students.

HEALTH AND HEALTH RESORTS. By John Wilson, M. D., Philadelphia. Porter & Coates. Pages 288. Boston: W. G. Clarke & Co.

The author, although an American, has confined himself entirely to the discussion of foreign health resorts, which must necessarily be of practical interest to only a very small proportion of American consumptives; for comparatively few of those among us sick with this disease can afford to travel in foreign lands, and of those who can afford it, many would feel a reluctance to going so far away from home, especially since our own country presents such climatic advantages. Still, for those who do care to go abroad this seems a very trustworthy guide, as the author takes particular care to state conscientiously the objectionable points about each place as well as the favorable, differing in this respect from the numerous land and hotel speculators who so often write up health resorts. He speaks from a long personal experience.

WOOD'S LIBRARY OF STANDARD MEDICAL AUTHORS, FOR 1880. First four volumes: I., *Venereal Diseases.* By E. L. Keyes, A. M., M. D., of Bellevue Hospital and College. II. and III., *A Treatise on Foreign Bodies in Surgical Practice.* By Alfred Poulet, M. D. Translated from the French. Vols. I. and II. IV., *A Handbook of Physical Diagnosis.* By Dr. Paul Guttmann, of the University of Berlin. Translated from the German. Boston: Frank Rivers, 35 Bromfield Street.

The remarkable success which these enterprising publishers met with in their efforts to supply the standard medical works in their "Library" for 1879, at a nominal price, acting on the principle of "very large sales and small profits," has stimulated them to outdo themselves, if possible, in a similar series for 1880. The maximum limit of three hundred pages to a volume was found last year too small to allow of the publication of many works which would otherwise have been selected. For 1880 about 1,000 extra pages will be added to the twelve volumes, and each will contain from two hundred and fifty to four hundred pages. No more old books will be reprinted, new and original works upon subjects of general interest having been contracted for. A much more tasty and expensive pattern of muslin bind-

ing has been selected, with new and appropriate designs for side and back. The books will not be sold singly, but only by subscription, for $15.

Judging from the four volumes already received, the promises of the publishers will be made good. Dr. Keyes's work is concise, exceedingly practical, and up to date. It is illustrated with forty wood-cuts of syphilitic lesions and instruments, some of them made from Dr. G. H. Fox's excellent photographs from nature. We are much pleased to see that Dr. Keyes valiantly upholds the distinction, which is certainly very important, between the chancre and chancroid. He gives a hard rap to those who would try to abolish this distinction. He also takes a sensible stand with regard to cutting for stricture. Some time ago, as everybody knows, a very important discovery was made that gleet and other troubles often depend on urethral stricture, which needs only to be cured to insure the disappearance of all the rest. Many cures were made, and months of fruitless drugging were saved; but the pendulum swung too far. Enthusiasts, armed with urethrameters, found strictures in almost everybody, and went around cutting them promiscuously,—too often, of course, to their sorrow. Dr. Keyes particularly warns against interfering with those so-called strictures which are merely natural undulations of a healthy urethra.

Dr. Guttmann's book on physical diagnosis, so far as we have had time to examine it, seems to give a concise and satisfactory description of the various methods now used in the clinical examination of the organs of the thorax and abdomen. We are pleased to see that the author refuses to take stock in Skoda's "consonating" râles, and also accepts the far more sensible term "bubbling" râles, instead of the old-fashioned and inexact "mucous" râles. The book is prefixed with a full-page plate after Vogel, giving nine colors of the urine.

Dr. Poulet's work is indeed a novel one. He, for the first time, has thought of gathering together into one systematic treatise information on the subject of foreign bodies, which has previously been widely scattered throughout the periodical literature of the whole world, and accessible, if at all, only after long and patient search. He has made special effort to collect unsuccessful as well as successful cases, and from the whole has deduced, after careful analysis, rational conclusions as to the best modes of treatment. Thus we see that "Foreign Bodies" is far from being merely an undigested compilation of cases at random. Vol. I., after some general considerations, discusses foreign bodies of the pharynx, œsophagus, stomach, intestines, and rectum; Vol. II. of the air passages, the genito-urinary organs in males and females, the ear, nose, Steno's and Wharton's ducts, and the lachrymal canal.

THE ARCHIVES OF LARYNGOLOGY is a new quarterly ninety-six-page journal, of great excellence as to matter, editorial management, and typography. The first number was issued March 31, 1880, by Messrs. G. P. Putnam's Sons, New York. Price, $1.00 per number, or $3.00 per year. It is edited by Dr. Louis Elsberg, of New York, in conjunction with Drs. J. Solis Cohen, of Philadelphia, Fred. J. Knight, of Boston, Geo. M. Lefferts, of New York, besides nine eminent authorities in Europe in the special field of study indicated by the title of the journal. This first number contains one hundred and seven pages, with one lithographic plate and eight engravings on wood.

THE ARCHIVES OF MEDICINE (G. P. Putnam's Sons), for April, contains Dr. Amidon's long prize essay on "The Effect of Willed Muscular Movements on the Temperature of the Head," with illustrations, Shaefer's "Hysterical Element in Orthopedic Surgery," Beyer's "Physiological Properties of Salicylic Acid," etc. One of the most interesting of all is a German physician's idea about our insane asylums, given in the editorial department.

THE HYSTERICAL ELEMENT IN ORTHOPEDIC SURGERY. By Newton M. Shaffer, M. D. New York: G. P. Putnam's Sons. 1880. Pages 66. $1.00. Boston: A. Williams & Co.

This essay was published in three consecutive numbers of the "Archives of Medicine," previously to which it had been read before the New York Neurological Society. It develops a side of orthopedic surgery which has hitherto been almost entirely neglected in the text-books. It is well written, and makes exceedingly interesting reading. A novel but successful method of treatment was adopted in one case, — that of a girl ten years old, who had been supposed by eminent surgeons to have hip disease. A siphon of carbonic-acid water, which happened to be near, was seized and its contents discharged down her throat while her head was held by the back hair. It is proper to add that at this time many of the more distinctly local symptoms had been removed, and the disease had assumed its more common form of convulsions.

COMMON MIND TROUBLES AND THE SECRET OF A CLEAR HEAD. By J. Mortimer Granville, M. D. American Edition. Pages 185. Philadelphia: D. G. Brinton. Boston: Daniel M. Rice, 5 Madison Park Hotel.

Dr. Granville has in London quite a reputation as a specialist in mind troubles. This book is not written for physicians, but for persons who are troubled with "defects of memory," "confusions of thought," "hesitation and errors in speech," "low

spirits," etc.; in short, for those who really are or who are afraid that they are wandering on the border-lands of insanity, fields which have been altogether too much neglected. Dr. Granville strongly advocates the doctrine of *self-help* for those who are on this perilous ground, believing in the power of the *will* over mind to overcome most of these troubles; and to this power he frequently appeals. It is a very sensible book.

A TEXT-BOOK OF PHYSIOLOGY. By M. Foster, M. D., of Trinity College, Cambridge. Philadelphia: Henry C. Lea's Son & Co. 1880. Pages 1030.

The English edition of this work has already received the highest praise from the journals, and from those best entitled to judge among the profession. It reached its third edition in a very short time, and soon became the standard. In order, however, to make the American republication more thoroughly adapted to the wants of students, Dr. E. T. Reichert, of the University of Pennsylvania, has made important additions, mostly in the way of physiological anatomy, amounting in bulk to about one hundred and forty pages. He has increased the number of illustrations from seventy-two to two hundred and fifty-nine. Nothing has been omitted from the English edition. We feel sure that those who consult this book can have the satisfaction of knowing that its views are those of the best physiologists in the world.

A GUIDE TO THE PRACTICAL EXAMINATION OF URINE. By James Tyson, M. D., Professor in University of Pennsylvania. Third Edition. Philadelphia: Lindsay & Blakiston. 1880. Pages 183. $1.50. Boston: A. Williams & Co.

This little manual, the publishers' work in which is exceedingly tasty, seems to endeavor to steer between Scylla and Charybdis, — to avoid the prolixity of the more comprehensive works as well as the scantiness of detail of the smaller ones. The author has succeeded admirably. The illustrations, of which there are thirty-three, are indispensable to such a work.

SEA AIR AND SEA BATHING. By John H. Packard, M. D. Philadelphia: Presley Blakiston. 1880. Pages 124. $0.50. Boston: Lee & Shepard.

Something of the nature of this latest of the "Health Primers," all of which, so far, have been excellent, can be judged of by its topics, which are: General considerations, bathing in the sea, accidents, sea-bathing for invalids, amusements at the sea-shore, cottage life at the sea-shore, sanitary matters, the sea-shore as a winter resort, and excursions to the sea-shore.

OUR HOMES. By Henry Hartshorne, M. D. Philadelphia: Presley Blakiston.

A very practical "Health Primer," treating of the situation, construction, light, warmth, ventilation, water supply, drainage, and disinfection of our houses. The chapters on drainage and ventilation alone, with their clear explanations boiled down from the larger and more inaccessible books and scattered health reports, and illustrated with thirty-two nice wood-cuts, testify that the author's work has not been in vain.

THE HARVARD REGISTER is a monthly journal, edited and published by the indefatigable Moses King, who, although still an undergraduate in the University, manages somehow or other, probably by going without sleep altogether, to do an immense amount of outside literary work, of which his "Handbook of Boston" is best known, having had deservedly the largest sale of any guide-book to our city. The "Register," although not officially the organ of Harvard College, yet has the sympathy and support of its officers, who often contribute to its pages. It is full of valuable articles and news items, interesting to all graduates and many outsiders as well. Each number contains excellent wood-cuts. Price, $2.00 per annum.

THE HUMBOLDT LIBRARY. J. Fitzgerald & Co., 294 Broadway, New York.

Every month one or more scientific books of real value, such as Prof. Proctor's "Light Science for Leisure Hours," Huxley's "Man's Place in Nature," Herbert Spencer's "Education," is reprinted in quarto magazine style, in clear type, for the very cheap price of 15 cents, or $1.50 for a series of twelve. The same books, as usually published in cloth, would cost from $1.25 to $2.00 each. "A word to the wise is sufficient."

BOSTON UNIVERSITY YEAR BOOK. Vol. VII. Boston: 20 Beacon Street. 1880. Pages 152.

This official publication contains the catalogues and all necessary information as regards all the departments of this new, large, and growing University, comprising liberal arts, music, agriculture, theology, law, medicine, and the post-graduate school of all sciences, as well as the very interesting article of Pres. Warren, of which we have already spoken The following are the numbers of students in the different departments, those in brackets representing the number in the corresponding departments of Harvard University: liberal arts, 127 [819]; music, 28 [0];

agriculture, 18 [4]; theology, 60 [23]; law, 149 [160]; medicine, 113 [238]; school of all sciences, 39 [0].

OTHER BOOKS AND PAMPHLETS RECEIVED. — Pathogenetic Outlines of Homœopathic Drugs, by Dr. Carl Heinigke, of Leipzig. Translated by Emil Tietze, M. D. Philadelphia: Boericke & Tafel. 1880. Pages 576. — Transactions of the Homœopathic Medical Society of Pennsylvania, Vol. II. 1874–78. Pages 563. — Transactions of the Michigan Homœopathic Medical Society. — Old-School and New-School Therapeutics, by Fred. F. Moore, M. D. — Malaria and its Effects, by J. W. Younge, M. D. — The Prospective Advantages of Baltimore as a Medical Centre, by John Van Bibber, M. D. — The Pathology and Treatment of Hereditary Syphilis, by H. C. Jessen, M. D. Chicago: W. A. Chatterton.

Our Miscellany.

THE man with the rheumatism is every inch a'king.

A TRUISM. — Good doctors are liable to be rapped up in their business.

HERBERT SPENCER has publicly announced his strong opposition to compulsory vaccination.

NEWNESS OF HOMŒOPATHY. — "Die Allgemeine Homœopathische Zeitung" has reached its one hundredth volume.

MEDICAL CHARITY. — One fourth of all the sick in Chicago receive medicines and advice gratuitously, through dispensaries.

DINNER PILLS are now included in dessert, after which a new *liqueur* is imbibed; the latter is a "pepsin essenz" invented by Prof. Oscar Liebreich, of Berlin.

LONDON UNIVERSITY. — It is said that efforts are making to establish a university in London which shall take in all the medical schools under its general jurisdiction.

DECORATED. — We learn that our spirited colleague, Dr. Gailliard, editor of the "Homœopathie Militante," has been nominated a commander of the Order of Isabella the Catholic.

PROGRESS. — Sir William Gull, it is said, began his medical life as a bottle-washer in the drug-room of Guy's Hospital. His father was a laborer, and tilled a small plot of ground adjoining the hospital.

FŒTICIDE. — The "Maryland Medical Journal" says that it is asserted that there are not less than two thousand cases of fœticide annually in Maine, and that it is impossible to get an attorney to prosecute or a jury to convict an abortionist.

MODESTY. — It has been announced officially, that in the new Homœopathic College at Buffalo, during lectures and amphitheatre clinics, the women students are screened from the men, while they have the same advantages.

A HINT. — The London Hospital, on Christmas day, received from a lady, who left it anonymously, in an envelope at the porter's gate, the handsome gift of £5,000. *Our* gate will be left open next Christmas day!

A HOPELESS CASE — A fat French lady says: "I am so fat that I pray for a disappointment to make me thin. No sooner does the disappointment come, than the mere expectation of being thinner gives me such joy that I grow fatter than ever."

A NEW DOLORIMETER. — A German newspaper has in its obituary column: "Our dear son lost his life by falling from the spire of the Lutheran church. Only those who know the height of the steeple can measure the depth of our grief."

SUICIDES. — Dr. Nagle, deputy registrar of vital statistics, reports that there were 117 suicides in New York City during the year 1879. Fifty of these were natives of Germany, twenty of the United States, eleven of Ireland, and six of France.

LONGEVITY. — Canon Beadon, a centenarian, on being asked for the secret of his long life and robust health, replied: "Never be out of bed after ten o'clock at night, nor be in bed after seven in the morning; never do any brain-work after dinner, and never wear a great-coat."

CAUTION FROM THE "OBSERVER." — Medical societies are warned against asking a certain minister to preach for them. He has this text always ready: "Asa in his disease sought not to the Lord, but to the physicians; and Asa slept with his fathers" — 2 Chronicles xvi. 12, 13.

A SIGN OF PREGNANCY. — Professor William Goodell, of the University of Pennsylvania, lays down the following rule in examining for pregnancy: "When the cervix is hard as the tip of the nose, pregnancy does not exist; when as soft as the lips, the womb most probably contains a fœtus."

TAR. — Professor Reclam, of Leipzig, gave tar, in the form of pills or capsules, and noticed that the urine of patients so treated did not decompose for five or six days. He employs tar for chronic catarrhal inflammation of the mucous passages of the respiratory or urinary organs. — *Chemist and Druggist.*

ANTI-VACCINATION. — The prime mover in the anti-vaccination matter is Mr. William Lebb, an Englishman in New York, who has resisted thirteen prosecutions for refusing to have his children vaccinated. He believes it makes people liable to take inoculable disease, and does not insure them against small-pox.—*Exc.*

APPOINTMENT. — President Angell, of Michigan University, has been tendered the position of ambassador to China; his work will be specially devoted to negotiating a new treaty with China, or modifying the one now existing. He will probably be absent a year or more, during which time his chair will be filled by Prof. Henry A. Frieze.

A JOKE WITH A MORAL. — "Doctor, do you mean to say my complaint is a dangerous one?" — "A very dangerous one, my dear friend. Still, people have been known to recover from it, so you must not give up all hope. But recollect one thing, your only chance is to keep in a cheerful frame of mind, and avoid anything like a depression of spirits."

DIPHTHERIA. — A New Bedford woman claims to have found a specific for diphtheria, which she has proved in several cases. It is a tea, made from the bark of the root of white birch, which may be drunk, used as a gargle, or only held in the mouth, and in either case will cause the white coating to rapidly loosen and come off, with no reforming of the membrane.

HEARING RESTORED BY A NERVOUS SHOCK. — Mr. Asa A. Bryant, fifty-eight years of age, a brother of Dan Bryant, of minstrel notoriety, was thrown from his carriage against a fence in Norwalk, recently. He was slightly injured, but the shock completely restored his hearing, and he is now learning to talk. He lost his auricular sense when five years old from bathing in salt water He was educated as a deaf-mute, married a mute, and has two children, neither of whom is deaf.

DR. RICHARD HUGHES has resigned the chair of materia medica and therapeutics in the London School of Homœopathy for the winter, but will give a summer course of lectures on the "Institutes of Homœopathy and General Pharmacodynamics." Dr. Hughes found it necessary to make this change on account of the time required for his Brighton patients. He has now given up his London office.

OUR WARM WINTERS. — The record of the weather for the past ninety-one years shows that the winter of 1879–80 is the mildest we have had during that period. In contrast to general expectation, the open winter, with its warm, damp weather, has not increased the death-rate. On the contrary, according to the report from the Health Board, the deaths in this city during the twelve weeks between the last of November, 1879, and Feb. 21, 1880, reached 3,996, while for the same period last year they amounted to 4,602; showing 606 less deaths this winter than last year.

INTEMPERANCE. — Dr. Nagle reports that during the year 1879, two hundred and fifty-five deaths in New York were directly attributable to intemperance. Of the persons thus dying one hundred and five were natives of Ireland, eighty-four of America, thirty-five of Germany, ten of England, four of France, and one of Scotland. The causes of death were: fracture of the skull, two; congestion of the brain, nine; nephritis, forty-two; delirium tremens, eighteen; alcoholism, seventy-one; and pneumonia, nineteen.

INDIA. — At a meeting at St. Peter's College, in Allahabad, the numerous friends and admirers of Dr. P. C. Dutt presented him with an address, and a testimonial consisting of a gold medal, gold chain, and a walking stick, on the eve of his departure from Allahabad, where he has been a practitioner of homœopathy for six years. A most feeling address was read, expressing the sympathy and regret of his friends and patients, that his condition of health necessitated his leaving; also their appreciation of his valued services and their undying friendship for him. This address was signed by Rae Gzapushad, president, and five hundred native and European gentlemen. Dr. Dutt has gone to Calcutta.

REGISTRATION. — The value of correct registration is well illustrated in the following case: "A German lady, after having given birth to two children, a boy and a girl, in New York, where her husband became a naturalized citizen, returned to her native land. She has since written to the New York registrar of vital statistics for copies of the birth certificates of her children, as, unless these can be produced, one of them is in danger of being drafted into the imperial army, and the other is unable to marry; because the German authorities announce that they have no proof that the former was born in America, or that the latter *was ever born*. The deputy registrar of vital statistics says that not half the births in the city are registered; an oversight which may, in after life, cause much trouble and annoyance to the children of foreigners naturalized here.

A HUMOROUS HUMERUS. — The London "Telegraph" has the following: "A young man in Paris was in the habit of cleaning out the stem of his pipe with a knitting needle, when by some chance he ran the point of the implement into his finger. The poisonous nicotine — which flies through the system at the rate of nearly twelve inches a second — mingled with the blood and quickly spread in the arm, until it was found necessary to amputate the arm to save the smoker."—Twelve inches a second is twenty yards a minute. The surgeon did not get his instrument ready for five minutes, consequently he must have cut off *one hundred yards* of arm to intercept the poison in its way to the heart.

MEMPHIS HOMŒOPATHISTS. — Most of the allopathic journals industriously circulated the report that all the homœopathic physicians of Memphis ran away when the yellow fever came, and that only twelve of the thirty or forty allopathic physicians took to their heels. The simple, truthful facts are as follows: When the epidemic broke out in 1878, there were four homœopathic physicians practising in Memphis, — Drs. J. G. Malcolm, L. D. Morse, J. V. Buddeke, and T. J. Quimby. Dr. Malcolm was a new-comer, and so much in doubt as to the locality that he had not moved his family there, and upon the approach of the epidemic had abandoned the field. Drs. Morse and Buddeke were vigilant and faithful in their care of the sick, until taken sick themselves, and physically unable to do anything more. Dr. Quimby remained during the entire epidemic, and faithfully discharged all professional duties

Ample proofs have been given of the efficacy of "*similia similibus*" in the curing of yellow fever in Memphis, acknowledgments of which have come to us from some of the members of the "old school." Another fact is that the best success attended those who administered *single remedies for specific indications*. The general death-rate among the whites was about seventy-five per cent. One allopathist reported a loss of less than thirty per cent; he gave special care to the nursing, and avoided polypharmacy. No one can affirm that there is any absolute cure for this malignant disease, in the present stage of our therapeutical knowledge; for no specific has yet been found for its peculiar morbific poison, in the same sense that cinchona antidotes the effects of marsh miasm. What we may and do claim is that when homœopathic principles are faithfully carried out, the patient experiences the greatest comfort, and the death-rate is reduced to the minimum point.

Dr. Quimby speaks highly of the heroism and devotion of the allopathic physicians who remained, and says: "Well do I remember the lamented Avant saying: 'Gentlemen, there is no disguising the fact, I *fear* this disease. I would give ten thousand dollars were I out of here; but I would not leave for one hundred thousand dollars, for I feel it to be my post of duty.' He fell a victim before the battle was half fought. Out of thirty-six physicians, about thirteen died, and the remainder, except five or six, were incapacitated for duty at some period of the epidemic. On the most severe day, only six resident physicians could work. I am proud of our own honorable record."

IMAGINATION. — The "Lancet" contains an account of a case in which a man thought he had swallowed a complete set of false teeth. He declared he was nearly suffocated, as they had lodged in his throat. A doctor tried to dredge them out with hooks, but the "spasms" prevented his doing it. A second physician was summoned who found the patient, apparently, nearly dead. But before examining his throat, he chanced to look on the top of a chest of drawers, and there were the teeth! The patient instantly recovered. Doubtless, cases of hydrophobia and many nervous diseases are caused in a similar way, through the imagination.

PERSONAL AND NEWS ITEMS.

DR. JAMES B. BELL is about to leave Augusta, Me., where he has practised for many years, and will locate in Boston.

EDGAR V. MOFFAT, M. D., formerly at Ward's Island Homœopathic Hospital, has located at 149 West 44th St., New York.

DR. H. K. BENNETT, of Fitchburg, asks us to correct the following errors in the Secretary's report of the Worcester County Homœopathic Medical Society, in our May number: The suppositories of *Argentum Nitricum* which he uses contain *one* grain each, instead of from three to five, as mentioned; those of *Cuprum Sulph.*, *two* grains instead of five; of *Zincum Sulph.*, *two* grains, instead of from three to five; of *Iodoform*, from two and one half to five grains. The larger doses might produce serious results.

THE NEXT WORLD'S HOMŒOPATHIC CONVENTION is the way one of our esteemed contemporaries puts it.

DR. A. CLAUDE, the General Secretary of the Société Homœopathique de France, writes us that in future it will publish its "Bulletin" itself at 18 Rue de Caumartin, and not, as heretofore, through the publishing house of J. Baillière et Fils.

DR. H. C. ANGELL leaves for Europe, June 17, to return at the end of September.

DR. GILCHRIST has removed to 274 Jefferson Ave., Detroit.

DR. A. K. HILLS has removed to 465 Fifth Ave., New York.

DR. GEORGE S. NORTON has removed to 154 West 34th St., New York.

DR. H. H. CUSHING has removed from Grantville to 31 Walnut Ave., Roxbury, Mass.

HOUGHTON, OSGOOD & Co., the large publishing house in Boston, has divided, the resulting firms being Houghton, Mifflin & Co. and Jas. R. Osgood & Co.

MALTINE. — We have waited some time before expressing our opinion on this preparation, in order to give it a thorough trial, but have now watched its effects in a good many cases of impaired nutrition with very satisfactory results. Having recommended it in combination with cod-liver oil in a number of cases of phthisis, we have been much pleased with its action. Dr. W. S. Haines, Professor of Chemistry in Rush Medical College, Chicago, testifies that "Maltine contains from half as much again to three times the quantity of Phosphates (nerve and brain food and bone producers), and from three to fourteen times as much diastase and other albuminoids (digestive agents and muscle producers), as any of the extracts of Malt examined. Since the value of such preparations is indicated very exactly by the proportion of these, their two most important constituents, I have no hesitation in pronouncing Maltine greatly superior to any extract of Malt which I examined."

THE TRINIDAD CHRONICLE, for March 13, which we have received, contains a boorish onslaught on homœopathy by Robert Knaggs, to whose name are appended almost all the letters of the alphabet, as well as President of the Medical Board. On March 24, however, the same newspaper contained as many as four replies, so skilfully written as completely to demolish the weak but blatant sophistry of the euphonious Knaggs. In great contrast to his communication, also, they were all couched in courteous language. That of E. Paijne, M. D., Ph. D., was particularly good. The inhabitants of Port-of-Spain refuse to be bulldozed.

THE

NEW ENGLAND MEDICAL GAZETTE.

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EDITORIAL.

ON CERTAIN UNSIGHTLY EXCRESCENCES.

CONTRARY to our usual custom, we take up considerable space this month with a reprint — THE NEW DEVELOPMENT — from our esteemed English contemporary, knowing full well that its rich sarcasm will be appreciated by the most of our readers. If we thought that the extravagances against some of which it is directed were accepted by more than a very small minority of our school, we should feel dreadfully discouraged about the future of homœopathy. As it is, we take so much pride in our system of medicine, and are so jealous of its good name, that we really long for the conversion of this minority to rational, common-sense views of true homœopathy. This conversion can never take place until certain huge excrescences, such as isopathy, high-potency proving, clinical proving, key-notes alone, bottle-washing and high-potency machines like Jenichen, Fincke & Co.'s have been vigorously lopped off. These form no integral part of true homœopathy, for which we have no fear, but are merely unsightly deformities. Curiously enough, however, those who profess to believe in them are always the loudest in their claims to be "pure homœopathists," and in their slavish adulation of "The Master," by whose name they like to be called, and in the defence of whose weak points they are terribly zealous, as if some holy shrine were being attacked, and yet whose teachings they pervert and stretch to such an extent as to frighten the old man to death again, should he rise from the grave.

We presume that many, even in our own school, have no idea

whatever to what *tremendous* heights our extremists soar. Perhaps an approach to an adequate conception may be obtained by reading one or two numbers of their mouthpiece, the *Organon*, a quarterly Anglo-American journal, published at Liverpool, which, from a literary point of view, is unexceptionable. (We regret that truth would restrain us from paying that compliment to some of our homœopathic publications.) We dare say, however, that we might make plenty of honest quotations from the *Organon* which would seem as much like sarcasm to our readers as "The New Development." Lest some should think that the latter is exaggerated, we quote Dr. Berridge's "*Luna* case" *verbatim*. We believe that the remedy was first prepared by exposing sugar of milk to moonshine and then "carrying it up."

Luna. Aug. 13, 1878. Miss —— reports that last evening, about 9.15 P. M., *while looking at the moon*, which was not very high above the horizon, but shone very brightly, she felt giddy, with staggering to the left, and as if the pavement were going around; afterwards, *on looking at the moon* a second time, she felt the same attack coming on. This morning still a little giddy; worse when walking in the open air. *Luna*, C. M. (100,000), one dose. Improved before she left my office, and had no return.

In the same number Dr. Samuel Swan, of New York, gives a short proving of *Triticum* (wheat), and another, forty pages long, of—oh, ye shades of Hahnemann:—SACCHARUM LACTIS, the symptoms being obtained from six men and five women. Prefixed to the proving is this note:—

Miss Morgan commenced her proving at 9 A. M., May 25, 1871, just before her menses; she took drop doses of the 200th every hour for one or two days. The first effect appeared within an hour. Previous to the proving she was in perfect health. She had symptoms *for two or three years*. The omission of several hundred days is due to her discontinuing to take notes; she was so annoyed at the persistence of the symptoms that she only resumed her notes after great persuasion. Dr. Fincke made two provings on two ladies; one took two drops of the 30th, the other took three drops of the 53,000th.

THE NEW DEVELOPMENT.

To the Editors of the British Journal of Homœopathy.

GENTLEMEN, — It gave me great pleasure to see, in the January number of your advanced contemporary, *The Organon*, an article by one of the editors, entitled "High Potencies of Nothings"; for I have always held that the perfection of treatment for diseases of the most serious character, commonly regarded as incurable,

would be just that, — viz., a *high potency of nothing*. Casting my eye over the article, I saw that the name of one of the remedies employed was *nix*. Now *nix*, we know, is vulgar German for *nothing*, and a thrill of delight ran through me at the word. Here, I thought, at last we have the true homœopathic remedy for those diseases which the united faculty have declared "*nothing* will cure." But, alas! I found on reading the article, that, though it is not expressly stated, yet the context leaves it beyond doubt, that the Latin and not the German *nix* is intended. *Snow*, in fact, was the remedy employed. Now the hundred-thousandth dilution of *snow* might be thought by some to be very much the same as *nothing*, and methinks I hear some frivolous punster perpetrating a silly *double entendre* by saying "It's *snow* medicine" (it's *no* medicine). But my eager search for the real remedy for the incurable is not to be balked by untimely jokes or contemptible puns I am quite of Dr. Johnson's opinion that a man who would make a pun would be capable of picking your pocket.

I had almost hoped, on reading your late article, entitled "The Secret Revealed," that the illustrious Jenichen had discovered the real *nix* or *nothing*, when the happy thought occurred to him of making his high potencies from an empty bottle; but then I could not help thinking that his diluting vehicle, the waters of Lake Schwerin, might, like other lake water, contain a certain or uncertain proportion of organic and inorganic substances that might vitiate the purity of the original empty bottle. As yet, then, the real *nihil, Germanice nix, Anglice nothing*, has not been introduced into the sphere of practical medicine; so *nix* is still a desideratum. When found, I have not a doubt in my own mind that it will act on *isopathic* rather than on homœopathic principles, and be *the* remedy for that large class of patients who have *nothing* the matter with them. The nearest attempt that I have heard of towards obtaining this sovereign remedy was the request made by one of our colleagues to a homœopathic chemist to prepare for him the C. M. dilution of a drop of distilled water. The request, unfortunately, came to naught, as the chemist pointed out that it could not possibly be made with common spring water, like the ordinary high potencies, and the practitioner was not willing to stand the expense of the quantity of alcohol that would be required for the process of dilution. But though very near, a high potency of distilled water is not the absolute *nihil* or *nix*, so some other plan must be adopted.

The chief practical difficulty that occurs to me in connection with this subject is not so much the obtaining of a *nihil*, but the discovery of some nihilistic vehicle for diluting it. All conceivable diluting mediums seem to partake rather of the nature of an

aliquid, whereby our inestimable *nihil* would inevitably be contaminated. This is a subject well worthy the consideration of those "men of light and leading," the editors of *The Organon;* and I doubt not that if they will lay their heads together they may, by such "consolidated co-operation," be able to discover something of an analogous nature that will serve as an appropriate potentizing medium for my *nihil.*

But to return to the delightful article in *The Organon* that induced me to write to you: Though disappointed in finding in it my long-sought-for panacea, it presents other points of value to medical science and practice. Thus, it reveals a simplification of the treatment of disease which bids fair to supersede the cumbrous and complicated method of Hahnemann. The first two cases at all events show this new and excellent method, which is to administer the very agent that made your patient ill, in the hundred-thousandth potency, and it will cure him. Thus, one of the writer's patients was affected disagreeably by the *moon;* so he gave *Luna* C. M., which means the hundred-thousandth dilution of the *moon*, and presto! the moon loses all its baleful influence over that patient. This is a most valuable hint. To a person suffering from sunstroke we shall only need to give *Sol* C. M., *i. e.*, the hundred thousandth dilution of the *sun*, and one dose will as assuredly cure him as *Luna* C. M. cured the moonstruck patient. Similarly, a person blinded or paralyzed by a flash of *lightning* will be readily cured by *Fulgur* C. M. Uneasiness caused by *light* will yield to *Lux* C. M., sufferings from *heat* to *Calor* C M., and so on. How much simpler this than Hahnemann's wearisome method of proving medicines and comparing the symptoms of the disease with those of the medicines! When this new method comes to be adopted, we shall get through our task of prescribing so much more expeditiously and satisfactorily. All we shall have to do will be to ascertain the exciting cause of the disease and administer it in a potentized state. No inquiry into symptoms nor tedious reference to the head-splitting pathogeneses of our present materia medica will be necessary. Pathology and pharmacodynamics will be done away with, and the whole duty of medical men will consist in administering the potentized disease-producing forces of nature to patients suffering from the effects of these forces in the crude state.

To some it may appear that there might be a difficulty in procuring some of these valuable agents. But with respect to one of these at least this difficulty has been overcome, as the author has already potentized *Luna*, which it would have been impossible for him to do unless he possessed a bit of the moon. No doubt, though he does not state the fact, he got this from an illustrious and far-travelled German nobleman, who mentions in his

autobiographical memoirs that he succeeded in visiting that satellite, and that he brought back a pocketful of it. We would suggest to the fortunate possessor of this fragment of *Luna* the desirability of having an accurate analysis made of it, in order to set at rest once and for all that much-vexed question as to whether or no the moon is made of green cheese. Possessing, now, the *moon* duly potentized for medicinal purposes, we may hope soon to have a similar preparation of the much more powerful *sun*, fragments of which will doubtless be found lying about somewhere, if diligent search be made for them.

Nix, of course, belongs to a much more easily procurable class of remedies, which, however, are in the same category as *Luna*, as they cure in the fraction the maladies they produce in the gross. No one who reads the brilliant cure by *Nix* C. M. can doubt that *snow*, at all events in the hundred-thousandth dilution, is a medicinal agent of marvellous power. All the natural agents that in their excess or their wrong place inflict much misery on human beings may, by the process so effectually employed by the author of this article, be made to heal the diseases they occasioned. How many persons have been seriously injured in health by exposure to the *rain!* One drop of *rain* diluted up to the hundred-thousandth would be an infallible remedy. So with *hail*, so with *wind*. I should rather say *winds*, for some are more affected by the east, some by the west wind; the north wind, too, and the south have each their several victims. The editor of *The Organon*, who potentizes *Luna*, *Nix*, and *Magnes australis*, will find it an easy task to bring each several wind to the C. M. potency, to serve as appropriate remedies for the maladies each produces.

During the fogs that prevailed to such a fearful and fatal extent in London this winter, the idea occurred to me to potentize this powerful morbific agent. The difficulty was to find an appropriate diluting vehicle. Water would not do; no combination of the two was possible. Alcohol was equally unsuitable. At length the brilliant idea occurred to me to use *air* as the potentizing medium. Accordingly, with some little trouble, I procured a powerful smith's bellows, having a capacity of somewhat more than one cubic foot, — to wit, 2,000 cubic inches (a cubic foot, 1,728 inches according to Cocker, being an awkward number for calculations); this I erected in an empty room at the top of the house. I had the nozzle drawn out fine and bent downwards, so that it reached to within two lines of the bottom of a specially constructed bottle, which I had previously filled with *fog* taken in London on Christmas day, when the fog was densest, on the roof of the house, so as to have it perfectly pure and uncontaminated by any exhalations from the streets or sewers.

The bottle I used for collecting and potentizing the fog is made of the best flint glass, perfectly annealed, so as to admit of being heated to any degree (and I should subject it to a white heat after being employed for one medicine before using it for another), and *thimble-shaped*, — that is, rounded at the bottom internally, so as not to offer any corners in which a portion of the gaseous medicine might lurk, and so escape the action of the diluting vehicle. It is of the exact capacity of one cubic inch, and has no shoulder like an ordinary phial, so that every portion of each dilution must come under the influence of the potentizing vehicle. I placed a thick layer of cotton wool over the air-hole of the bellows, so that the entering air should be thoroughly filtered. The apparatus being thus arranged, I waited for a day when the atmosphere was perfectly free from the slightest trace of fog, and set to work. I blew air through the bottle containing the fog for six hours continuously, then rested for one hour and recommenced. In this way I worked for eighteen hours, in spells of six hours each, with only one hour of interval between each period of six hours for meals and repose. Nor was my self-imposed labor done in a perfunctory manner, for, like Jenichen, the beads of perspiration stood on my forehead; and though I did not, like him, strip to the skin, for it was mid-winter, yet my linen was dripping wet with my exertions, and, again like Jenichen, each stroke of my powerful arm made the whole house shake to its foundations.

I found that, working thus regularly, I made exactly ten strokes of the bellows per minute; this multiplied by 2,000, the number of cubic inches of air propelled through the bottle by each stroke, gives the degree of potency communicated to the medicine each minute as 20,000. In my eighteen hours' work, therefore, I raised the potency of the original crude fog to 21,600,000 degrees; and I believe that this is high enough — for the present, at least. I call this the twenty-millionth potency, "XX M. M." The odd numbers give a liberal margin for leakage, possible weakness of some of the strokes, etc. This is a long way beyond the favorite C.M. dilution of the writer in *The Organon*, but then I think that the medicine I was engaged on demands a higher potentization than the substances he operated on, for it stands to reason that the more fog is diluted the better it is for the human constitution; so I do not think the twenty-millionth at all too high. It was with readily comprehensible feelings of pride and satisfaction that at the end of my hard day's work I could stick a label on my bottle marked "*Nebula* XX M. M." *

* I observe that Dr. Deschere, in the February number of the "North American Journal of Homœopathy," has proved — greatly to his own satisfaction, no doubt — that the millionth fluxion potency of Drs. Fincke, Swan, and Skinner is only the tenth centesimal of Hahnemann. But I defy him to prove that my potencies are different from what they profess to be.

Unfortunately, after I had obtained my preparation of *Nebula*, no more considerable fogs came to derange the health and try the temper of the Londoners, so that I have not had an opportunity of testing the efficacy of my remedy. Had it only been got ready in time (but having to wait so long for a clear day made that impossible) how many of the thousands who fell victims to the pernicious fogs in the metropolis might not now be alive and happy by taking one single dose of *Nebula* XX. M. M.! However, there is the remedy, prepared with infinite trouble and care, and I shall be happy to supply any of my colleagues with a few globules of it for use next winter.

If this mode of potentizing medicinal agents by filtered air should meet with the approval of my Hahnemannian colleagues, I propose to get rid of the labor of blowing the bellows by connecting it with a gas engine of two horse-power, which will be able to work continuously for many hours at a time, like Dr. Skinner's admirable and ingenious automatic fluxion potentizer by means of water. I shall also attach to the nozzle of the bellows a dry-air meter, like that used by the gas companies, which will automatically register the number of cubic inches propelled through it into the potentizing bottle. I send you a drawing of the complete and perfected apparatus, which I trust you will get engraved on wood or steel to illustrate this letter.* With this machine we may easily prepare potencies of the various gases that are known to produce remarkable effects on the healthy human subject, such as *oxygen, hydrogen, nitrogen, carbonic acid, sulphuretted hydrogen*, the *choke damp* of coal mines, *nitrous oxide, ozone*, and many more. I would recommend this method of potentizing the various winds, the air of different health resorts, and the morbific exhalations from marshes, sewers, and decomposing vegetable and animal substances. I ought to mention that globules for medicinal purposes are impregnated with the remedy by merely shaking them two or three times in the bottle containing the potency. Any number of globules may be so medicated, care being taken not to let the potentized gas escape from the bottle either in introducing or extracting the globules. Remedies so prepared I propose to call "pneumatic potencies." Plagiarists, beware! the name is copyright.

The vista opened up to us by the grand idea of using highly potentized natural morbific agents to cure diseases they have caused in their crude state (which may be appropriately designated "Physical Apocalypse No. 2," Jenichen's happy thought of commencing his dilutions from an empty bottle being, according to Rentsch, No. 1, and perhaps my notion of *pneumatic poten-*

* This we should have done with pleasure, only our correspondent omitted to send a check to cover the cost of engraving his very elaborate design. [EDS.]

cics may deserve to be called No. 3) promises a speedy overthrow of the coarse materialism of Hahnemann's doses. Imagine taking a gross material substance like *Nux vomica* or *Arsenic*, and potentizing up to the thirtieth degree merely! Why, if Hahnemann were still alive and were to sport such gross materialistic doctrines, he would be quickly expelled from the refined society of the Hahnemannians, and serve him right! To practise the homœopathy of Hahnemann requires a certain amount of labor and brains; but the new method is quite above that sort of thing, and requires neither. All we want is an automatic potentizer, which only needs that a tap should be turned in order to provide us, without any trouble, with the C. M. and the M. M., or the C. M. M. potency of anything and everything (and *nothing*, too, by and by, I hope). Practice is reduced to the simplest formulary. Enter a patient: "What's the matter?" —"I drank too much port wine last night, and now —"—"Never mind your symptoms; take this globule of *Vin. port*, C. M., and you need not come again, for you will certainly be all right by to-morrow morning." Enter another: "Ten years ago I had syphilis, and now —" —"Enough said; swallow this *Syphilinum* C. M., and be off." Enter another: "Last night I got into a towering passion, and to-day —" —"That will do; *Ira* C. M. is your remedy." Another: "I chafed myself riding to hounds two days ago." —"All right: *Cutis suillæ*, C. M." Another: "I tumbled down stairs yesterday."—"Stone or wood?"—"Stone." —"What stone?" —"Granite." —"The remedy for your hurt, whatever that may be, is here: *Lapis granit.* C. M." Another: "I caught cold last week." —"You mean cold caught you; take this and be cured, *Frigus* C. M."

What charming simplicity! What a contrast to the lumbering old process insisted on by Hahnemann! Instead of painfully inquiring into the past and present history of a case, and carefully registering all the minute shades of symptoms, with all their conditions and concomitants, for tiresome comparison with the records of tedious provings of medicines, as Hahnemann directs, in this new method all we want to know is the immediate exciting cause of the disease, and this potentized up to C.M. gives the infallible remedy.

Among the remedies of the future, alluded to above, I have mentioned *Ira*, — *anger*. I observe that in your January number you ask, ironically, as it would seem, "Why may not mental emotions, such as fear, love, rage, jealousy, etc., be potentized?" Curiously enough, the question you ask sarcastically has received a serious answer in the February number of the *Medical Record*. We are there informed that a distinguished scientist, with the significant name, Dunstmeier (*vapor-farmer*), has actually succeeded

in collecting what he calls "psychic essences," — that is to say, *mental emotions*, — and employing them as pathogenetic agents. His method is at once ingenious and simple. He has found that the nose of a dog is capable of receiving and retaining the emotions excited in other animals. Thus, he placed twenty hares in a cage, and introduced a dog into the room where this cage was. The hares were, of course, terrified at the sight of the dog, and the *fear* they exhaled was sniffed up by the dog and deposited on its nasal mucous membrane. Dunstmeier then killed the dog, removed its nasal mucous membrane and olfactory nerves, and rubbed them up in a mortar with glycerine and water. A few drops of this administered to a cat made her so timid that she ran away from mice offered to her. A small quantity administered subcutaneously to a large mastiff made it so cowardly that it slunk away from a cat. The author himself, after swallowing a little, had not the courage to believe in his own great discovery!

By a similar experiment, in which a dog was introduced into the presence of a lion, he succeeded in isolating the soul-substance of *courage* and in transmitting it to other animals. Similarly, doubtless, other passions and emotions might be obtained; and properly potentized, say to the C.M. degree, might be used as valuable remedial agents. In short, the field opened up to us by the wonderful discovery of this German physiologist promises to yield a rich harvest of new and powerful remedies for a large class of psychical maladies that have hitherto baffled the skill of medical practitioners. I would be inclined to suggest a slight alteration or modification in the mode of collecting "psychic essences." There is a scientific objection to the employment of inferior — or perhaps I should say different — races of animals for the pathogenetic and remedial purposes of mankind, independently of the moral objection with which the anti-vivisectionists have made us familiar. I think that human beings might be used both for the production and the collection of these "soul-substances." Men (and women too) occasionally make great displays of passions and emotions, such as love, jealousy, hatred, anger, fear, etc. An intelligent person with a well-developed nose (for *non quicumque datum est habere nasum*) might be employed to sniff up these *psychic essences* as opportunity offered. I do not think it would be necessary to scrape off the nasal mucous membrane of the collector; doubtless the mucus alone would contain a sufficient supply of the emotional exhalation. The collector might be provided with pocket-handkerchiefs *ad hoc* made from calico free from size and "devil's dust," if that is procurable from our manufacturers; and when he has duly sniffed some well-developed passion, he might immedi-

ately collect the secretion from his olfactory mucous membrane in the usual way, and the handkerchief thus impregnated with the "psychic essence" might be macerated in alcohol, and the tincture thence obtained potentized up to C. M. for future employment as a sure specific remedy for the corresponding natural psychical malady. I look forward to the time when this grand discovery of the learned Dunstmeier shall supersede the present clumsy method of obtaining remedies by their careful proving on healthy persons; for if it be possible (as Dunstmeier proves it to be) to fix the effluvia of passions and emotions on the nasal mucous membrane, to be afterwards used as medicines, then why not diseases of all kinds, which must surely evolve each its special emanation, capable of being collected on the Schneiderian membrane and used isopathically to cure similar diseases occurring naturally? When we have brought medicine to this pitch of simplicity and perfection, we may fairly be said *suspendere omnia naso*, as old Flaccus has it. Possibly the materia medica of the future may consist of these psychic and pathic essences obtained in the way described for all mental and miasmatic maladies, the common morbific forces of nature, such as sun, moon, snow, hail, rain, wind, fog, heat, cold, lightning, sewer gas, mephitic air, etc., for diseases produced by their means, all these remedies being duly potentized by the fluxion or pneumatic process up to the highest obtainable potency; and for desperate and hitherto incurable cases we shall soon have, I hope, that incomparable specific above alluded to, — *nihil*. Our pharmacopœia will then vie in strangeness with that of the renowned Dr. Hornbook, which, as Burns tells us, contained

> "Forbye some new, uncommon weapons,
> Urinus spiritus o' capons,
> Or mite-horn shavings, filings, scrapings,
> Distilled *per se*:
> Sal alkali o' midge-tail clippings,
> And mony mae."

The third cure mentioned in the article of *The Organon*, by *Magnes australis* C. M., of sundry pains and sensations in the leg, is a further illustration of the great advance of the new system beyond the clumsy method of Hahnemann. Here the character of the pains is evidently of no consequence, as no similar pains are recorded in the proving. The condition "when the leg hangs down," which is three times italicized, is evidently the key-note, and one symptom in the recorded proving, though it no way resembles any of those in the case, has a similar condition. To be sure, other medicines (such as *Digitalis*, *Pulsatilla*) have symptoms occurring under a like condition, and it is not very

clear to the uninitiated why *Magnes australis* should have been selected; but the choice of this remedy shows the superiority of the true Hahnemannian to the ordinary disciple of Hahnemann, just as the superiority of his pharmaceutics is shown by the employment of the refined and ethereal *Magnes australis* C. M., in place of the gross contact with the corresponding magnetic pole, as Hahnemann in his ignorance proposed.

I am sorry that the editors of the new periodical should have named it after that effete work, the *Organon* of Hahnemann. Why did they not "go the whole hog," so to speak, and call it *Novum Organum*, after Bacon? for their tenets and teachings are as far ahead of the *Organon* as Bacon is ahead of Aristotle.

Mr. Darwin's evolution doctrines have made us all familiar with the wonderful transformations that may take place in the course of æons of ages; but who could have anticipated that within forty short years after his death, the gross homœopathy of Hahnemann would have developed into the ineffable sublimities of the Hahnemannians?

> "My father's brother; but no more like my father
> Than I to Hercules."

Like the author of the article in *The Organon*, I have a supreme contempt for "materialistic mongrels"; but I cannot see how these poor dullards could find any opportunity to poke fun at his excellent article, supposing they are capable of poking fun at anything, which I doubt.

With all respect, I beg to subscribe myself

Your obedient servant,

AN IMMATERIALISTIC THOROUGHBRED.

APRIL 1, 1880.

P. S. — The *nom de plume* I adopt is meant to express my antagonism to those antiquated believers in Hahnemann, with his gross doses and his tedious insistence on the necessity of correspondence between the totality of the symptoms of the disease and the pathogenetic effects of the medicine, whom *The Organon* has so felicitously dubbed "materialistic mongrels." I observe that one of these materialistic mongrels on the other side of the Atlantic has had the impertinence to call us Hahnemannians (who have left Hahnemann so far behind) *Hahnemaniacs!* When an opponent resorts to the pitiful device of calling names, he shows his dearth of rational arguments.

ANÆSTHESIA — Hon. Alex. H. Stephens has been preparing a bill, which will soon be presented, asking Congress for an appropriation for the discoverer of Anæsthesia.

ALCOHOL: A NOVEL METHOD OF EXPLAINING THE ACTION OF HIGH POTENCIES.

BY GEORGE W. STEARNS, M. D., MARBLEHEAD, MASS.

THE material of the universe is either medicinal or non-medicinal. Some substances are used as medicines and some as vehicles for their preparation. Alcohol belongs to the latter class. Chemically it is an ethyle of carbon, but in use it is more or less diluted with water, — a hydrocarbon. It is not an aliment like sugar, nor will it assuage thirst like water. When received into the organism it passes unchanged into the circulation, and becomes diffused everywhere. It contains no nourishment and furnishes no material to replenish wasted and used-up structures. Its antiseptic properties may retard waste and prevent the too speedy exhaustion of nature's capabilities, but they furnish no element of recuperation. It is the product of vinous fermentation. It does not appear to exist in normal structures naturally. In the chemical changes attendant upon the first steps of decay and death it is brought forth. It is not, therefore, the product of vital forces, nor the growth of living activities. With such an origin, how can it be anything but an element of destruction? Its very antiseptic power only vitiates the animated structures with which it is brought in contact. Experience has shown it to be a slow-acting but sure poison. Measured by other drugs, it shows itself as belonging to the same category. Whether regarded as a cerebro-spinal irritant or soporific, it acts just as all the drugs thus classed.

It is of itself a *potent drug*, with all the elements and deleteriousness of other drugs. It inflames the stomach like arsenic. It congests the brain like the deadly nightshade. It stupefies the sensibilities like opium. It excites the circulation like monkshood. It paralyzes the organism like strychnine. It beclouds the mentalities like cannabis indica. It corrupts and atrophies the liver like mercury. It produces emesis like antimony and ipecac. It corrupts the blood like septic poisoning. It vitiates the skin like rhus tox. It burns the lungs like phosphorus. It stimulates and then atrophies the kidneys like turpentine and cantharis. It quickens and then retards the circulation like digitalis. It sets the functions of the organism into an increased excitement, followed by a corresponding depression, like quinine. In short, there is scarcely a drug in the materia medica but what is simulated in some of its processes by alcohol. Who has not heard of cirrhosis of the liver, — the liver of the gin-drinker? Who has not seen the apoplexy of the drunkard? Who has not witnessed the delirium tremens, — the *mania a potu* of the ine-

briate? Who has not been disgusted by the maudlin sentiment, the ribald, mawkish licentiousness of the half-intoxicated? All these facts go to show that alcohol belongs to the category of poisonous drugs, and as such, should be handled with equal care of its congeners.

If we look carefully at its effects upon the mental and the physical nature of man, whose capabilities are thus destroyed together with each fatal step in the journey, we shall have a pretty clear and intelligent proving of this drug, — a proving which shows it a polychrest above every other medicine in the physician's armamentarium. In the light of this discussion, can we not see the reason of the potency of high attenuations? What are they but globules moistened with ninety-five per cent alcohol? Do they not achieve their most decided success in those diseases to which alcohol is in homœopathic *rapport?* However dry these pellets may appear, there is always enough of the carbon present, either in the changed crystals of the sugar or in its water of crystallization, to act as a nucleus in the organism around which the morbid forces may gather, to be thrown out of the system through the skin, kidneys, or natural discharges. The tiniest seed thus acts in the earth. It is a nucleus to which the forces of nature gather to build up a plant. And these forces are morbid when they invade humanity. Plant, then, the infinitesimal dose within reach of these morbid products, and they speedily bid adieu to their dwelling-place.

It impresses me, also, that we do not well to cry out so constantly against polypharmacy, for all our tinctures are composed of the particular medicine mixed with and prepared in alcohol. So with all our dilutions. There is but one way of escape; that is, to use exclusively triturations.

SALICYLATE OF SODA IN ACUTE RHEUMATISM.

BY LUTHER CLARK, M. D., BOSTON.

In Vol. XV. of reports of St. Bartholomew's Hospital, for 1879, is a paper by Dr. Reginald Southey, of London, which will surprise some of those who have in the last few years read the praises of salicine, in its different forms, for acute rheumatism. The doctor gives particularly the recorded observations of forty-eight hospital cases which had salicylic treatment, and the conclusion he comes to is this: "When it is given in the usual frequent and large doses, the pulse becomes less full and throbbing, and the drug exerts a general soothing or anodyne influence. The duration of an attack of acute rheumatism does not, however, from our statistical examination of the remedy, appear at all shortened by it. Nor is the

tendency to heart complication diminished; nor is the endocarditis apparently bereft of its ultimate damaging effects." Dr. Southey uses the salicylate of soda exclusively, but considers the effect of salicine, in all its forms, to be substantially the same. He thinks it very important to distinguish, in cases of acute rheumatism, between the *continued* and the *relapsing* form; and he thinks that it has been in part from not making this distinction that salicine and some other remedies have acquired a reputation wholly undeserved. Of the *continued* form he says, "Uncomplicated by either pericarditis or pleuro-pneumonia, its ordinary accidents, a subsidence of pains with remission of temperature takes place on the eighth and ninth days; and by about the twelfth day the patient feels well, but weak." Of the *relapsing* form he says that some degree of endocarditis, though often overlooked, is an almost constant attendant, especially in cases under middle age. In this form, the disease, unless specially disturbed in its course, almost invariably remits between the fifth and eighth days, and by the evening of the eighth day the temperature is nearly or quite normal; but about the twelfth or thirteenth day there is a rise of two or three degrees in the temperature, and a return of articular pains. The fever and pains again subside, and the patient begins a slow convalescence about the twenty-first day, or may relapse again and again after various periods of remission. From twenty-five cases each of the continued and relapsing form treated at the hospital, the summing up is, "Thus eleven days appears the mean average duration of the symptoms in the continued, and thirty-four days the term for the relapsing cases; figures differing very little, if at all, from those obtained by other treatments."

To the limited duration of the acute symptoms and the usual rapid subsidence of the pains, — to end either in convalescence or a relapse, — Dr. Southey thinks the reputation of salicin in rheumatism is mainly due; and he considers a remedy which will control and shorten the course of it as much a desideratum as ever.

Dr. Southey adds: "Salicylate of soda is far from being unobjectionable as a remedy. In four cases I was obliged to stop its administration on account of nausea, and just as many times by reason of salicylism, — by which term I connote the usual aggregate of disagreeable symptoms, faintness, deafness, and small-running pulse, — to which the attention of the profession has been already drawn. Twice when it was given violent maniacal delirium appeared, — due to its administration, for the delirium subsided after withdrawal of the remedy."

We shall await with interest what the advocates of salicylic treatment may say in reply to Dr. Southey; but his carefully collected figures must remain to tell their story.

OUR GUIDE IN PRESCRIBING.

BY W. B. DUNNING, M. D., HARTFORD, CONN.

OF those who profess to prescribe for their patients according to the formula *similia similibus curantur*, there are three general classes: First, those who prescribe by "key-notes," as they call certain marked symptoms. A patient, for example, has a chill at 4 P. M.; therefore he is to have *Lycopodium*, because this remedy is indicated in any symptom occurring at this hour. Another has a chill, which occurs at or about 11 A. M.; this patient must have *Natrum Muriaticum*, because this remedy is supposed to be indicated by a symptom occurring at this hour. Another patient has some symptom occurring at 2 A. M.; he must have *Nux Vomica*. Now, what homœopathy is there in this mode of prescribing? Does lycopodium in large doses cause a paroxysm of chills and fever, which occurs daily at 4 P. M., or chloride of sodium one occurring at 11 A. M.? If they do not, he who prescribes them, whatever he may profess, is not prescribing homœopathically.

A second class of prescribers, perceiving the absurdity of isolating one symptom in this manner, and basing upon it a prescription, endeavor to take a more comprehensive view of the disease and seize upon all the symptoms; but they recognize as worthy of consideration subjective symptoms only. With the most scrupulous minuteness they elicit the various peculiar feelings of their patients, observe attentively and carefully what their eyes may behold in them, feel the pulse, etc., but beyond this do not go, ignoring the conditions revealed by physical examination and disregarding pathological conditions. Thus a patient with pneumonia would receive the same remedy as one with typhoid fever, provided the rational symptoms were the same in the two cases. The pathological states of pneumonia and typhoid fever are matters of indifference to them. In my judgment, the practitioners of the latter class do not prescribe homœopathically, properly speaking, any more truly than do the first-named class. Neither class takes a comprehensive view of the disease. The second approaches it more nearly than the first, but there is yet something wanting in both.

In order to prescribe properly for a disease we need to know it in all its symptoms. Symptoms do not constitute the disease; in fact, they are only its phenomena. But we can know any disease only in its phenomena, and of these we cannot know too many. We need to know the pathology of the disease, — its objective symptoms as well as its subjective. The old school relies almost exclusively on the objective symptoms, on a pathological

name. Many homœopathists, seeing the absurdity of this course, run to the other extreme, and, ignoring utterly physical examination, rely solely on subjective symptoms and base their prescriptions thereon. Is not the right way to ascertain all the symptoms of our patient, both objective and subjective, and having thus formed a general view of his condition, endeavor to find some drug which will produce the array of symptoms? Surely if we can form a correct picture of the disease, and can find the right homœopathic weapon to combat it, we are far more likely to win success than if we form only a one-sided picture, and so employ only a one-sided remedy.

THE LIMIT TO THE DIVISIBILITY OF MATTER.

BY C. WESSELHOEFT, M. D., BOSTON.

(*Continued from page* 176.)

THE statement contained in the first report on this subject,* that "the third centesimal trituration may be admitted as the limit to which some particles may have been carried," requires a correction at my hands, because very simple calculations show that particles of triturated matter *may* be distributed as far as the sixth centesimal trituration, although it is only with difficulty that any can be discovered in the third. The following figures will indicate the limit at which they may still be found:—

A piece of gold plate having the dimensions of 6 millimetres in length, 6 millimetres in breadth, and $\frac{4}{25}$ millimetre in thickness, weighs just one grain. My measurements of smallest particles gave them a diameter of $\frac{1}{1800}$, and Buchmann's smallest particles $\frac{1}{1500}$ millimetre; but we will assume that $\frac{1}{2000}$ millimetre was the diameter of such particles. Supposing the whole grain of gold to have been evenly subdivided, the dimensions of the grain of gold reduced to $\frac{1}{2000}$ millimetre would be equal to 12,000 × 12,000 × 320, and this would yield the product, expressed in figures, of 46,080,000,000 particles. Hence—

The	I.	cent.	trituration	would	contain	46,080 000,000 particles.
"	II.	"	"	"	460,800,000	"
"	III.	"	"	"	4,608,000	"
"	IV.	"	"	"	46 080	"
"	V.	"	"	"	$460\frac{4}{5}$	"
"	VI.	"	"	"	$4\frac{8}{5}$	"

In finding the number of minutest particles to which a grain of charcoal may be reduced, we will accept $\frac{1}{2000}$ millimetre as the measure of each dimension of one of its minutest particles. It will be found that a cube of charcoal weighing one grain

* Transact. Am. Inst. 1878, p. 164.

would have a breadth of 7 millimetres, a length of 7 millimetres, and nearly the same thickness. But charcoal is very porous, and one of these dimensions can be compressed, in an iron tube with closely fitting piston, to the thickness of one millimetre. These dimensions, first multiplied with 2,000 and then with each other, yield the result that the grain of charcoal is divisible into *three hundred and ninety-two thousand millions* of particles, supposing the whole to have been evenly divided down to the ultimate limit, which in reality is impossible, and far from being the actual fact. But supposing it to be so, then —

The	I.	cent.	trituration	would	contain	392 000,000,000 particles.
"	II.	"	"	"	"	3,920,000 000 "
"	III.	"	"	"	"	39,200,000 "
"	IV.	"	"	"	"	392,000 "
"	V.	"	"	"	"	3,920 "
"	VI.	"	"	"	"	$39\frac{1}{5}$ "

Lastly, mercury, as a further example, being more divisible than the preceding substances, this permits its smallest particles to reach a minuteness of diameter of $\frac{1}{3000}$ millimetre. A grain of mercury can, by actual measurement, be contained in a cubic space of 3 millimetres × 3 millimetres × $\frac{3}{4}$ millimetre. These figures give us *one hundred and eighty-two thousand two hundred and fifty millions* as the number of particles to which a grain of quicksilver could be reduced, supposing the whole to have been evenly divided, which in reality is not the case.

The	I.	cent.	trituration	would	contain	182,250,000 000 particles.
"	II.	"	"	"	"	1,822,500,000 "
"	III.	"	"	"	"	18,225,000 "
"	IV.	"	"	"	"	182,250 "
"	V.	"	"	"	"	$1,822\frac{1}{2}$ "
"	VI.	"	"	"	"	$181\frac{1}{50}$ "

If the reader will compare these figures with my first report, he will find that they agree sufficiently in all essential points; especially with regard to the dimensions of minutest particles, which appear to me to have been corroborated by other observers, not excepting Dr. Buchmann. The only difference lies in the inaccuracy of my measurements of particles of leaf-gold, and in my statement regarding the limit to which particles might be carried in centesimal triturations, which is hereby corrected.

If we now refer once more to the microscope, we shall find that only a portion of the substances named has been reduced to extreme fineness. The proportion of coarse and fine particles in the field will allow the approximate estimate that probably less than one fourth of the whole mass of either gold, charcoal, mercury, or glass has reached that limit, even after the most pro-

tracted trituration. Hence the number of particles in each of the six triturations is much smaller than the above figures indicate. Although a few might still be present in the sixth, it would be possible only at the expense of excessive labor, or owing to good luck, to discover one or more of them.

The above simple arithmetical demonstration, besides exhibiting clearly the number of particles of metal, etc., in each trituration, also shows how little we have ever appreciated the effect of multiplication by the power of 100. The effect of this process on the denominator of a fraction, being division of such fraction, speedily reduces it beyond the limits of practical use, that is, beyond the limit we are able to attain by mechanical comminution, while progressive division, even of so huge a whole number as 182,250,000,000, will show us that it is exhausted already in the sixth potency.

In my report to the Institute,* I have shown (as has also Dr. Potter in the "Hahnemannian Monthly," in an article printed before the meeting of the Institute) that the number of molecules of a drop of liquid would be quite exhausted at the tenth or eleventh centesimal dilution, which nowadays is considered quite "low," although a little attention to figures will show that we are dealing with transcendently enormous numbers. It is now incontestably established that the molecule is the ultimate degree to which dilution or vaporization can reduce liquids or volatilizable substances. On the other hand, it is more than probable that the microscope easily reveals to us the limit to which insoluble substances can be reduced by mechanical means like trituration. The particle of quicksilver thus obtained is bulky and coarse as compared with a molecule, of which about 2,000,000 in a row would occupy one millimetre.

It follows from this proportion (3 to 2,000), that progressive division by 100 of a huge number representing the particles into which a grain of some insoluble substance may be separated, would (in the case of trituration) bring us to the limit of subdivision much sooner than in the case of liquids, in which we have to deal with molecules. In the former instance the fifth centesimal trituration would be the practical limit, while the tenth centesimal dilution, as shown by Dr. Potter and myself, would be the limit of medicinal matter, where purely soluble substances are subjected to progressive dilution; that is, where the original drop is progressively divided by 100.

The difficulty of solving these problems becomes insurmountable as long as we believe matter to be mechanically or chemically infinite in its divisibility. But all modern researches on the

* Forthcoming volume of Transactions of the American Institute of Homœopathy.

subject, of late years, strongly corroborated by the labors of Goldstein,* Hittorf,† and last but not least, by William Crookes,‡ have gone far to establish on a firm basis all that was previously known concerning the molecular constitution of matter. Thus we learn that even Nature sets a limit to the divisibility of matter, without which limit she cannot work. She operates by finite proportions of size and quantity, which man is at length enabled to determine and calculate. She requires such proportions of size of ultimate particles (molecules, not to be confounded with ultimate particles in triturations) for her organic as well as inorganic combinations of elements. If matter were infinitely divisible, like space and time, then neither organic nor inorganic forms could be called into existence; we would have neither crystals nor symmetrical organic forms, we would have neither diseases nor curative agents.

In an article above quoted from the German "Popular Journal of Homœopathy," Dr. Hering stigmatizes my endeavors to throw a little light upon a hitherto obscure subject, as a blow aimed at homœopathy. It is not to be believed that laymen, for whom this remark was intended, can lend an ear to such wrongful accusation, of which every physician will perceive that it is as unfair as it is groundless; for everybody knows by this time that the subject of divisibility of matter is *not* identical with the principle *similia similibus curantur*, although the subject of potentization has been forced into the foreground, to the immense disadvantage of the latter. Time and patient labor, but not vindictive denunciation, will determine whether those only who *believe* in the infinite divisibility of matter are working in the best interests of homœopathy, or those who recognize such limits, and base their *knowledge* on incontrovertible facts.

If there is a limit, we should know it: and if, in reaching the truth regarding the limits of divisibility of matter, we should have to abandon certain dogmas like potentization, that have been elevated to the dignity of a creed; if we should have to declare that certain recoveries hitherto attributed to the presence of medicinal substance were not attributable thereto; if we should have to recognize as cures only those following the use of at most the sixth trituration or tenth dilution or attenuation, — we should not hesitate to do so. Thereby, instead of injuring homœopathy, and instead of forfeiting our title as its adherents, we would, on the contrary, be doubly worthy of it, as we would then save it from the now imminent danger of its becoming the rallying word of a mere sect of believers. Homœopathy is a stanch method of practice,

* Transactions of the Vienna Academy of Science, 1876.
† Poggendorff's Annals, Vol. CXXXVI., 1869.
‡ On Radiant Matter, Silliman's Journal, October, 1879.

and has its roots in science; unlike creeds arising from mysticism, it will bear the most searching investigation: and those who pursue this course have not the least fear concerning its future prosperity.

CONCLUSIONS.

The foregoing observations led me to sum up certain conclusions contained in my first report. These have been variously objected to as erroneous, probably because the objectors feared the appearance of apostasy and the reproach of the orthodox believers who are always on the scent of heretics.

As I have found no reason for changing my conclusions, without mutilating facts, I will herewith briefly recapitulate them.

The degree of fineness hitherto assumed is not reached by the *usual method* of trituration, with which alone we are concerned; and therefore we need not consider other mechanical, chemical, galvanic, and other methods.

Hence, solutions, dilutions, and so-called dynamizations are impossible even after triturations carried far above the third.

It is a belief, scarcely worthy of the name of a hypothesis, that dynamic force or properties of matter can be separated from their material substratum, and *separately* preserved in sugar of milk, alcohol, etc.

Every curative effect must be attributable to the presence of curative substance. Although such substances have never been reduced to a liquid or gaseous state by triturations (though soluble substances may be so reduced by dilution), the fineness shown to have been reached by the foregoing examples is sufficient to account for cures which could only be attributed to the utmost penetrating minuteness of such substances. Cures resulting from triturations below the sixth have the very forcible advantage of the actual presence of medicinal matter in their support.

Therefore, provings, as well as cures claimed to be the results of preparations which admit of demonstrable absence of medicinal matter, such as dilutions from triturations, should be excluded from our records and pathogeneses.

Hereby I have detailed certain results which, if corroborated, as I have no doubt they will be, will serve to place our pharmacy on a much more solid footing than has hitherto been the case; and thus homœopathy itself will receive a much more certain support. I am fully aware of the arguments which will yet be brought in behalf of the clinical test. The consideration of its value here would occupy too much space, and is a subject deserving of separate consideration; but I am certain that the

value of the clinical test would be greatly enhanced when applied or construed according to the propositions contained in this article.

It would be a matter of deep regret if such limitations were interpreted as discrediting the success of esteemed and painstaking physicians. It is as far from my purpose to invalidate the good results achieved by others, as to remit a single iota from my own; but the conclusion seems to me inevitable that the causes of some recorded cures are often to be sought for, not in medicines, but in other resources at the command of every physician, and least despised by those who prefer the so-called high potencies. By all means let us attribute cures to those at whose hands they resulted; such is the physician's inalienable right.

COUNTRY DOCTORS.

FROM THE ANNALS OF THE ANATOMICAL AND SURGICAL SOCIETY, BROOKLYN, N. Y.

A LONG period of time has elapsed since any medical man was known to quote a line from the Eclogues or Georgics of Virgil. In fact, it would seem to be a precept of the materia medica that pastoral themes and professional thrift are incompatibles; and apparently the Æsculapius of to-day dares not even think of the gentle Tityrus, least he should himself become, too, *patulæ recubans sub tegmine fagi.* But what if he did? It is the agrophobia, and not the spreading beech, which is baneful to an enthusiastic man. The youthful graduate packs his trunk the morning after commencement day, and betakes himself reluctantly to the railway station. He is envious of such of his classmates as can afford to settle in the metropolis and await the tide of professional fortune. For them, the fates have decreed an opportunity to keep up their studies and build up their reputations; for him, there is no future excepting the rust and dust, the abundant toil and scanty remuneration, the obscurity and desuetude of a country practice. He cannot remain in the city to starve, therefore he must go to the country; but he believes that in so doing he goes into a sterile exile, a Siberia where no good fortune is possible, — except, perchance, to make one's escape.

This view of the matter is as mischievous as it is fallacious. It must necessarily work injury to the individual practitioner, to his patients, and to the profession at large. Of course, a man who does not expect to study is not likely to study. If the mental pabulum which he can extract from the old wives' lore of the village in which he functionates is all that he demands for him-

self, it is doubtless all that he will get. But the old wives are not to blame for this. The fault is in the man himself, or in the purpose and expectation with which he enters upon the career which falls to his lot. True, the metropolis affords advantages and opportunities which the village does not furnish; it also imposes hindrances and limitations which are not encountered in the village. The converse is also true. And to the student who has learned the knack of withdrawing into his sanctum, it is comparatively unimportant whether he be surrounded with the bustle of the town or the gossip of the country. The town is critical, the country is fecund, — that is all.

The country doctor complains that he is deprived of the stimulus of fellowship; but he is mistaken. The post-office will keep him closely *en rapport* with his peers, whatever the intellectual rank to which he may attain. Whittier at Amesbury lives in a community of poets; with Tennyson at breakfast, Longfellow at dinner, and Holmes lending the sparkle of champagne to his tea-table. So will the country doctor enjoy the real fellowship that he earns. He complains that he is cut off from attending upon the great clinics of the metropolis. Yes, but every case that comes before him is a clinic, if he will but turn it to account. He has but to keep up the scientific habit and purpose of life, and all that he does will have the character and productiveness of scientific work.

The wide domain of experimental science is probably as accessible to the country doctor as to his urban confrere. A laboratory can be established anywhere, and it is from the laboratory that modern science expects to obtain her most important data. Edison's laboratory stands in a metropolis of Jersey mud; Virchow built his reputation in a remote townlet; Mayer, of whom Tyndall says, "as seer and generalizer, Mayer, in my opinion, stands first," was all his life a country doctor; and no man who can obtain control of a garret or a shanty should permit himself to complain that he lacks a fulcrum from which to move the universe.

Moreover, aids and guides to private study are vastly more abundant and accessible than in the days of Mayer or the youth of Virchow. To the students of anatomy, the books of Gray and Huxley, a scalpel and the cadaver of an animal will furnish material for any amount of research. For histology, Rutherford's little book and a microscope will open the way to a life-long career. For experimental therapeutics, what could be more favorable than Ott's monograph, and the plenitude of organic life which is to be found only in the country? If the country doctor would be a chemist, let him start his laboratory, and Morfit's "Manipulations" will tell him all that he lacks; if botany is

his choice, a microscope and Sach's book will give him an excellent start; or if he cares to join the great army of physiologists, he will find all that he needs in Sanderson's handbook for the physiological laboratory.

But the country doctor complains that he has no time. True enough, perhaps; neither has the city doctor. Only the great workers have time for work.

Some fifty miles from New York City, there lives a country doctor whose gig has rattled over the stones and ploughed through the mud of the vicinage for more than a quarter of a century. He still toils day and night at the vocation in which he has grown gray — he will never grow old. He started poor; probably he is not yet rich in worldly pelf. Yet the success of his life is such as would satisfy the reasonable ambition of any man. The visitor knocking at his door will be welcomed by a broad-shouldered, genial scholar, who takes his guest to his heart when he gives him his hand, and opens wide to him the portals of a mansion where simplicity vies with elegance, and all domestic graces flourish in a Christian household. To have developed such a home were success enough for any man. But yonder is another and larger building. It is the fire-proof library and laboratory, where this man proves to the world, after a fashion of his own, that a country doctor has no time for scientific pursuits, no stimulus, no fellowship. Here are thousands of rare and priceless volumes, collected, arranged, and mastered by this country doctor. How could he have found time for all this? But this is not all. Up stairs, in a spacious hall, cabinet after cabinet is filled with collections of shells, of skeletons, of pathological specimens, — thousands and thousands of objects of scientific interest, grouped, studied, and remembered by this country doctor. But this is only the by-play of his life. Year after year, he sits at his desk, in the half-hours which he can save out of the day's turmoil, and, looking out upon the noblest of rivers and the fairest of scenery, he thinks out the great work of his career. Every year adds a few pages to the book, and each decade shows that he may hope yet to see his masterpiece completed.

THE NEXT INTERNATIONAL HOMŒOPATHIC CONVENTION.

To the Editor of the "New England Medical Gazette."

DEAR COLLEAGUE, — At the close of the World's Homœopathic Convention, which met in Philadelphia in 1876, it was determined to hold a similar meeting every five years in some principal city of Europe or America; and a general wish was expressed that the seat of the next gathering might be London.

On this determination and desire being communicated to the Congress of British Homœopathic Practitioners meeting in Bristol, in September, 1876, it was unanimously resolved that such a convention should be held in London in 1881, and that the congress would undertake the arrangements necessary for the purpose. A committee, consisting of the undersigned, was thereupon appointed to draw up a plan of proceeding; and its report, which is herein enclosed, was accepted at the congress of 1877, and the committee reappointed, with instructions to obtain adhesions and contributions.

The latter, viz., reports of progress and papers to be discussed at the meetings, we are soliciting from individual physicians practising homœopathically throughout the world. But we now request your good offices towards interesting the readers of your journal in our proposed gathering by bringing the subject before them, and also towards making it known to the homœopathists of your city in such way as you may think best.

The exact time and place of meeting, with the office-bearers, etc., will be finally decided at the congress we shall hold in September, 1880; and information thereof will be duly forwarded to you and published in all British homœopathic journals.

Hoping to hear from you erelong, and to find your services enlisted in the cause, we remain

Very faithfully yours,

R. E. DUDGEON, *Chairman.*
W. BAYES.
A. CLIFTON.
A. C. POPE.
R. HUGHES, *Secretary.*

All communications to be addressed to the secretary, Dr. Hughes, Brighton, England.

REPORT OF THE COMMITTEE APPOINTED TO MAKE ARRANGEMENTS FOR HOLDING A WORLD'S HOMŒOPATHIC CONVENTION IN LONDON IN 1881.

PRESENTED TO AND ADOPTED BY THE BRITISH HOMŒOPATHIC CONGRESS MEETING IN LIVERPOOL, SEPTEMBER, 1877.

Your committee beg to report that they have had several meetings; and after much consideration, and in conference with the lamented president of the last convention, Dr. Carroll Dunham, have agreed upon the following recommendations, which they present for the acceptance of the present congress:—

SCHEME FOR THE WORLD'S HOMŒOPATHIC CONVENTION, 1881.

1. That the convention shall assemble in London at such time and during such number of days as may hereafter be determined.

2. That this meeting take the place of the Annual British Homœopathic

Congress, and that its officers be elected at the congress of the preceding year: the convention itself being at liberty to elect honorary vice-presidents from those foreign guests and others whom it desires to honor.

3. That the expenses of the meeting be met by a subscription from the homœopathic practitioners of Great Britain, the approximate amount to be expected from each to be named as the time draws near.

4. That the expenses of printing the transactions be defrayed by a subscription from all who desire to possess a copy of the volume.

5. That the convention shall be open to all medical men qualified to practise in their own country.

6. That all who attend shall present to the secretary their names and addresses and a statement of their qualifications; and if unknown to the officers of the convention, shall be introduced by some one known to them, or shall bring letters credential from some homœopathic society or other recognized representative of the system.

(*a*) That members of the convention, as above characterized, shall be at liberty to introduce visitors to the meetings at their discretion.

7. That the committee be authorized to enter into communication with physicians at home and abroad to obtain —

(*a*) A report from each country supplementary to those presented at the convention of 1876, recounting everything of interest in connection with homœopathy which has occurred within its sphere since the last reports were drawn up.

(*b*) Essays upon the various branches of homœopathic theory and practice, for discussion at the meetings and publication in the Transactions, the physicians to be applied to for the latter purpose being those named in the accompanying schedule.

8. That all essays must be sent in by Jan. 1, 1881, and shall then be submitted to a committee of censors for approval as suitable for their purpose.

9. That the approved essays shall be printed beforehand and distributed to the members of the convention, instead of being read at the meetings.

10. That for discussion the essays shall be presented singly or in groups, according to their subject-matter, a brief analysis of each being given from the chair.

11. That a member of the convention (or two, where two classes of opinion exist on the subject, as in the question of the dose) be appointed some time before the meeting to open the debate, fifteen minutes being allowed for such purpose, and that then the essay or group of essays be at once opened for discussion, ten minutes being the time allotted to each speaker.

12. That the order of the essays be determined by the importance and interest of their subject-matter, so that should the time of the meeting expire before all are discussed, less loss will have been sustained.

13. That the chairman shall have liberty, if he sees that an essay is being debated at such length as to threaten to exclude later subjects of importance, to close its discussion.

14. That the authors of the essays debated, if present, shall have the right of saying the last word before the subject is dismissed.

15. That, as at the first convention, the subjects of the essays and discussions shall be —

(*a*) The Institutes of Homœopathy.
(*b*) Materia Medica.
(*c*) Practical Medicine.
(*d*) Surgical Therapeutics, including diseases of the Eye and Ear.
(*e*) Gynæcology.

At a subsequent meeting of the committee, it was determined that the gathering shall be known as the "International Homœopathic Convention."

A SLIGHT CORRECTION.

Is there not an error — a slip of the pen, doubtless — in Wesselhoeft's translation of the "Organon," paragraph 111? It reads as follows:—

"The agreement of my own observations of pure drug effects, (although made without regard to therapeutics,) with those of older authors," etc.

This is not in accordance with facts, as Hahnemann's observations of pure drug effects were avowedly made with especial reference to therapeutics. But on comparing the original, we find the clause in parentheses above is made to refer to the observations of older authors, as was indicated in the preceding section. Proceeding logically in the development of his subject, Hahnemann makes a parenthetic reminder of the statements in paragraph 110 as he advances to the proposition laid down in paragraph 111.

The passage as corrected would read, therefore, "The agreement of my own observations of pure drug effects with those of older authors (although the latter were made without regard to therapeutics)," etc. Stratton's translation of the passage in question, although not so literal or good otherwise as Wesselhoeft's, gives the correct idea. It reads, "The conformity of my observations upon the pure effects of medicines with those of a more ancient date, which (*sc.* latter) were made without reference to any curative aim," etc.

Now that the study of the "Organon" is deservedly receiving more attention, it is well to correct even a palpable and minor error in our best translation, which will no doubt be done in its next edition.

B. H. CHENEY.

NEW HAVEN, CONN., May 20, 1880.

[Before putting Dr. Cheney's letter in type, we showed it to Dr. Wesselhoeft, who, after an examination, sent us the following note. — ED.]

BOSTON, May 22, 1880.

EDITOR OF THE NEW ENGLAND MEDICAL GAZETTE:

Dear Sir, — The correction suggested by your correspondent is quite proper, as the parenthetic clause, misplaced by me in transcribing the corrected manuscript, refers to provings of "older authors."

Yours, C. WESSELHOEFT.

MEDICAL LEGISLATION. — Chaillé says: "The history of the American State legislation upon the regulation of medical practice conclusively proves: (1) Laws which debar homœopathists, eclectics, and other practitioners of any special or exclusive system of therapeutics from the practice of medicine cannot be enforced if enacted. (2) No laws have yet established a satisfactory method to determine the qualifications necessary for a practitioner of medicine. (3) No adequate measures have yet been devised to inflict the penalties of the law on its violators."

MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY.

REPORTED BY H. A. CHASE, M. D., SECRETARY.

THE fortieth annual session was held in Wesleyan Hall, No. 36 Bromfield Street, Boston, on Wednesday, April 14, 1880.

The society was called to order at 10.10 A. M., by the President, T. S. Scales, M. D, of Woburn, who called upon Rev. H. F. Barnes, of Winchester, to offer prayer.

The reading of the records of the last meeting was omitted, as the records had already appeared in print and been distributed to the members.

The records of the last two meetings of the Executive Committee were read and approved.

The annual address was then delivered by the President. After paying a tribute to the memory of those members who had died during the year, he took for the subject of his address the bill lately offered to the Legislature for regulating the practice of medicine.

On motion, a committee, consisting of Drs. Thayer, H. L. Chase, and Talbot, was appointed to draft resolutions in regard to the deceased members, and report later in the session

The following were then elected to membership: Henry A. Brown, M. D., Reading; M. Louisa Cummings, M. D., Boston; O. G. Ross, M. D, Revere; Oren B. Sanders, M. D., Boston; A. H. Tompkins, M. D., Jamaica Plain; Edward L. Mellus, M. D., Worcester; S. Ida Dudley, M. D., Boston; Edward H. Ellis, M. D., Marlboro'; Webster O Hardy, M. D., Grafton Centre; N. W. Rand, M. D., Monson; O. W. Roberts, M. D., Ware; C. R. Rogers, M. D., Westboro'; Geo. E. Percy, M. D., Boston. Action was deferred on other candidates for membership until the October meeting, as the names had not been presented to the Executive Committee at the time prescribed by the By-Laws; that is, three months previous to the meeting of the society.

The Treasurer, H. C. Clapp, M. D., then presented his annual report, showing a balance in the treasury of $159.15.

The committee appointed to consider the amendment proposed by H. K. Bennett, M. D., at the last annual meeting, that the annual dues be reduced from $5.00 to $3.00, reported through its chairman, H. C. Clapp, M. D., that such a change was deemed inexpedient at present. On motion, the report was accepted and the committee continued.

The committee appointed to consider the amendment proposed by N. R. Morse, M D., to the effect that each application for membership shall be accompanied with the sum of $5.00, reported through its chairman, Lewis Whiting, M. D., and recommended

the adoption of the amendment. On motion, the report of the committee was accepted, and Article XIX. of the By-Laws was amended to read as follows: "Every applicant for membership shall deposit with his application, in the hands of the Secretary, the sum of $5.00, and shall, upon his election, receive therefor the diploma of the Society, signed by the President and Secretary. Should any applicant fail of election for any reason, the money shall be returned."

E. U. Jones, M. D., of Taunton, from the Committee on Climatology, read a paper on "Climate as an Element of the Materia Medica."

The Committee on Pædology presented papers from Drs. Hedenburg, of Medford, and Jameson, of Jamaica Plain.

Committee on Surgery presented papers from Drs. Jernegan, Geo. H. Payne, Geo. H. Percy, of Boston, and J. H. Carmichael, of Worcester.

Henry M. Smith, M. D., of New York, was introduced as a delegate from the New York State Society, and made some appropriate remarks.

Drs. J. C. Budlong, Geo. B. Peck, Jr., and Wm. von Gottschalck were present as delegates from the Rhode Island Society. All three were called upon, and responded in a happy vein.

Lunch was served at 1 P. M.

AFTERNOON SESSION.

The first business was the election of officers. N. R. Morse, M. D., of Salem, withdrew his name as candidate for the office of Recording Secretary, which place he had held for two years.

The election resulted as follows: —

President. — W. H. Lougee, M. D., Lawrence.

Vice-Presidents. — Walter Wesselhoeft, M. D., Cambridge; J. W. Hayward, M. D., Taunton.

Recording Secretary. — H. A. Chase, M. D., Cambridgeport.

Corresponding Secretary. — R. E. Jameson, M. D., Jamaica Plain.

Treasurer. — H. C. Clapp, M. D., Boston.

Librarian. — J. T. Harris, M. D., Boston.

Censors. — Jas. Hedenburg, M. D., Medford; Chas. Sturtevant, M. D., Hyde Park; G. F. Forbes, M. D., West Brookfield; Lewis Whiting, M. D., Danvers; H. E. Spalding, M. D., Hingham.

The committee on that part of the President's address relating to deceased members offered appropriate resolutions, which were adopted by the Society.

Committee on Clinical Medicine presented papers from Drs.

Sherman, of South Boston, E. B. Holt, of Brookline, W. H. Lougee, of Lawrence, L. A. Phillips, of Boston.

Committee on Gynæcology presented papers from Drs. Lougee, of Lawrence, Bennett, of Fitchburg, and Phillips, of Boston.

Committee on Obstetrics presented papers by Drs. M. V. B. Morse, of Marblehead, and C. A. Mooers, of Lawrence.

Adjourned at 4.30 P. M.

Our Miscellany.

GENEROUS. — Mrs. A. T. Stewart, Mr. R. L. Stuart, and Henry Hilton gave ten thousand dollars each to the Hahnemann Hospital in New York City after the Fair accident.

A ROYAL WIFE. — We learn from a Berlin letter that King Karl I. of Würtemberg has consented to the betrothal of his daughter, Princess Pauline, to a young physician of Breslau. They are said to be devotedly attached to each other. The princess is to assume the name and title of Fraulein von Kirchbach.

SUBSTITUTE FOR CARBOLIC ACID. — From the Philadelphia *Medical Times* we learn that in the employment of Lister's dressings, the danger of carbolic acid spray may be avoided by substituting *oil of eucalyptus*, which is effective and harmless. The wounds should be dressed with a mixture of ten per cent of oil of eucalyptus in olive oil. The spray may be made of the pure oil, or its solution in alcohol.

CHOLECYSTOTOMY. — The first successful case has been reported by the *Lancet*. A painful, movable swelling appeared in the region of the right kidney. No decided diagnosis was made, but an abdominal incision was determined upon. This was effected in the median line, when a distended gall-bladder was discovered, with a large gall-stone impacted in the entrance of its duct. The stone was removed by incision into the sac, and the edges of this opening were then stitched to the edges of the abdominal incision, which was closed up except at one point. The flow of bile ceased after a while, the wound healed, and the patient was entirely restored to health. The antiseptic method was used.

SMOKING IN GERMANY. — The German government has taken the matter of smoking seriously in hand, owing to the fact that the practice is carried to such an excess by the youth of that nation, that it has injured their constitutions and incapacitated them for the defence of their country. In some of the German towns, orders have been issued forbidding lads under sixteen years of age to smoke in the streets, the offence to be punished by fine and imprisonment.

A physician, delegated by the Belgian government, has made a journey of observation and inquiry, and ascertained that the excessive use of tobacco is the main cause for color blindness, which has occasioned great anxiety in Belgium and Germany from its influence upon railway and other accidents, and also from the military point of view.

TYPHOID EPIDEMICS. — There has been much discussion as to the causes producing epidemics, in connection with which the case is cited — interesting in its etiology — of the epidemic following a musical festival, in Zurich, in May: five hundred out of seven hundred assistants were attacked by the disease, of whom one hundred died. A minute inquiry into the circumstances left little doubt that the disease was caused by *bad veal* furnished by an innkeeper of that place. Either the fever was due to a septic poison in the meat, depending possibly upon the beginning of fermentation, which was not destroyed by the cooking; or the animal producing the meat might possibly have been suffering from typhoid fever, though the disease has never been recognized among animals.

EACH death which occurs in Fiji must be registered; and it is not infrequently the case that the blank left for cause of death is filled with the words, "Medicines supplied by the missionaries."

DIPHTHERIA. — Henri Bergeron says: "Hydrofluoric acid evaporated in the proportion of one gramme to each cubic metre of the sick-room, and thus inhaled by the patient, is a certain remedy for diphtheria. The evaporation should require three hours. All who have been submitted to this treatment for forty-eight hours recovered."

RETENTIVE MEMORY. — In the Pennsylvania Training School for feeble-minded children is a child whose memory is so retentive, that, after listening to a sermon or other discourse, he is able to repeat it *verbatim*, even to the intonations of the speaker. This case is cited by the *Medical Press and Circular* as a proof that memory is not necessarily a high faculty of mind.

REMOVAL OF THE UTERUS. — Dr. T. G. Thomas, of New York, while performing the operation of ovariotomy at the Woman's Hospital recently, finding the tumor, which was a cystic one, and weighed about forty pounds, firmly imbedded in the uterus, removed the entire organ. According to the *Medical Record*, this is the first successful case of removal of the whole uterus that has occurred in New York.

HYDROBROMIC ETHER. — Dr. Sims recently went to Philadelphia for the special purpose of witnessing Dr. Levis's use of hydrobromic ether Wyeth's bromide of ethyl was used, which is fast gaining favor, and is said to be preferable to ether or chloroform, on account of its transitory influence, speedy effects, and pleasant odor. The smallest amount given — for a child of nine years, in order to open an abscess — was less than a drachm, the time required to get her under the influence being forty-five seconds. Dr. Levis recently ethylized five patients with less than ten drachms of the new anæsthetic. His whole number of trials now counts over two hundred. One of Dr. Sims's patients has lately died from the effects of the new anæsthetic. More extended experiments have since shown it to be too dangerous an agent for general use.

MANNERS IN THE SICK-ROOM. — A distinguished physician of Philadelphia says: "Hysteria is a disease to which every woman is liable, and which every physician will be, some time or other, called upon to treat. Most of you will find it very hard, in most instances, to distinguish between hysteria and organic disease; for in many instances it mimics exactly grave structural diseases. There is everything in a doctor's manner in the sick-room; and he who looks and speaks hopefully, saying, 'Take this, and you will get well,' and 'Do that, and you will feel better the next moment,' is much more likely to cure his patient than the man who goes magisterially through the motions, without a ray of light or hope in his face, ordering, 'This pill to be taken in half an hour,' and 'So many teaspoonfuls of that prescription to be given at such and such times.'"

THE BABY ELEPHANT. — The members of the Academy of Natural Sciences and the physicians of Philadelphia were much interested in the advent of the elephantine infant, "America," which took place in that city March 10, 1880.

The mother — "Hebe" — belongs to Cooper & Bailey's London circus. Conception occurred on the 25th of May, 1878, making the period of gestation six hundred and fifty-five days; which is beyond the term usually assigned, of twenty months. The placenta, which was zonular, was presented to the Academy of Natural Sciences; a dried preparation of it will be made by Dr. Chapman.

Hebe is about twenty years of age, and weighs eight thousand pounds. The young "America" weighed two hundred and thirteen and one half pounds; was thirty-five inches in height, four feet six inches long, with girth measuring three feet eleven inches. When the calf was born, the six other elephants, chained upon the same platform, threw up their trunks, danced around as far as their chains would permit, and set up a trumpeting that caused the wildest excitement, and made the mother frantic. She picked up Miss America with her trunk and threw her a distance of twenty yards; but when the excitement abated, the "little one" was led back to her mother, who received her with many caresses. In nursing, its mouth is brought to the breast; the nourishment is not taken through the proboscis, as was formerly believed to be the custom of these animals.

DR. W. S. MARSHALL reports a case of pneumonia in which the thermometer recorded 110° F., and even higher figures have been reported The case, however, recovered. There seems to be no importance in the rise of temperature *per se.*

DR. SOTSCHAWA, of Moscow, reports a case of double uterus with double conception. In consequence of hemorrhage from both uteri, an embryo of one month was extracted from the left uterus, and from the right a fœtus of three months.

L'OPERATION INUTILE. — A French officer received a wound in his leg and was carried to his house, where two physicians soon arrived. For several days the wound was probed in vain for the ball. The officer suffered greatly, and at last demanded a reason for their so torturing him. "We are looking for the ball which wounded you." "Is that all?" cried the patient. "Why did you not tell me sooner? I have it in my pocket."

THE Philadelphia *Medical Times* contains an article on the subject of the status of medical men in England compared with that of physicians in America. The result seems to be that the medical profession will never compare favorably with others, until "medical lords have a right to speak upon the floor of the House of Lords, and shall exert an influence on the decision of all questions of state medicine, similar to that of the law lord, in legal questions."

The *Times* is of the opinion that added handles to the names of a few will not materially promote the general dignity of the profession, and adds: "One of the most powerful engines in this direction would be a union among medical men, by which the elevation of the whole class would be secured. To the want of cohesion among the members of our profession, and the absence of any centralization agency, is due much of its inherited weakness."

A NEW VERSION.

Maud Muller, on an August day,
Took the fever called the "Hay";
Sneezing she went, and her shrill *ah-chee!*
The mock-bird echoed from the tree.
The judge rode slowly down the lane,
Smoothing his chestnut horse's mane,
And, drawing his bridle in the shade,
With a sternutation greeted the maid.
He spoke of the grass and flowers and trees,
The pollen from which makes asthmatics sneeze.
And Maudie forgot her swollen nose,
And even her graceful bare brown toes,
And listened, while a pleased surprise
Looked from her watering hazel eyes.
At last, with a wild *ah-chee! ah-chay!*
Ah-choo! ah-chaw! he rode away.
Maud Muller looked and sneezed, "*ah-chee!*
That I the judge's bride might be!
He would dress me in silks and diamond rings,
And take me up to the White Mountings."
The judge looked back as he climbed the hill,
And heard her sternutations shrill.
"Would she were mine, and I to-day
Were rid of this dab feber of Hay!"
Then, blowing his nose, the judge rode on,
And Maudie was left in the field alone.
Then she took up her burden of life anew,
Softly sneezing, *ah-chee! ah-choo!*
Of all sad words of tongue or pen,
The saddest are these: "Hay fever again!"
Ah! well for us all that a region lies
Where the infusoria never rise;
And, in the hereafter, angels may
Find a cure for the fever called the Hay.

N. Y. World.

PERSONAL.

DR. JAMES HEDENBERG, of Medford, for needed rest is taking a short trip in Europe.

DRS. J. W. HAYWARD, of Taunton and N. R. MORSE, of Salem, were both thrown from their carriages early in June and received severe injuries.

DR. POPE has been appointed lecturer on Materia Medica at the London School of Homœopathy, *vice* Dr. Hughes resigned.

DR. BURNETT has been appointed physician to out-patients at the London Homœopathic Hospital, *vice* Dr. Hughes resigned.

ERRATUM. — In the editorial on "A Code of Ethics," in the June GAZETTE, on page 163, line 2, after "school" add "exclusively."

DR. H. P. BELLOWS of Auburndale has recently been married to Miss Mary A. Clarke, daughter of Dr. J. L. Clarke of Fall River.

THE NEW STATE BOARD OF HEALTH OF IOWA consists of seven physicians and two civilians. Two of the physicians are homœopathists, — Drs. W. H. Dickenson and G. F. Roberts.

THE EDITOR of the St. Louis *Clinical Review* thought Dr. C. Wesselhoeft's article in the GAZETTE on the Effects of Trituration on Gold and Charcoal valuable enough to reprint, but forgot to acknowledge.

DR. M. L. SCOTT, who for the past twenty-four years has practised in West Randolph, Vt., has decided to give up this location on account of the long rides. His successors are Drs. A. O. Bemis, of Craftsbury, Vt., and D. A. Whittlesey.

LACTOPEPTINE a few months ago did us very good service when we were growing almost discouraged in a case of vomiting in pregnancy. It is well to remember this remedy now that the summer season with its intestinal troubles is approaching.

REMOVALS. — Dr. Mary J. Safford to 308 Columbus Ave., Boston; Dr. Asa D. Smith to 672 Broadway, South Boston; Dr. Wm. von Gottschalck to 265 Benefit St., Providence; Dr. F. W. Bradbury to 270 Potter's Ave., Providence; Dr. Isaac F. Miller to No. Main St., Hartford; Dr. Emily C. Miller to 706 W. Chapel St., New Haven.

WARD'S ISLAND HOMŒOPATHIC HOSPITAL, N. Y., REPORT for 1879. — Number of patients remaining Jan. 1, 1879, 302; admitted during the year, 3,130; whole number treated, 3,432; daily average under treatment, 354; discharged cured, 1,516; discharged improved, 1,293; discharged unimproved, 51; died, 192; whole number discharged, 2,860; remaining Jan. 1, 1880, 380; rate of death on whole number treated, 5.59.

DR. M. T. RUNNELS, of Indianapolis, secretary of the Indiana Institute of Homœopathy, has done good service in showing the pollution of the water in that city, and also the defective drainage, both of which have proved fruitful sources of typhoid fever and other diseases. Let our physicians take an active part in hygienic and state medicine, and they will command the respect as well as confidence of the community.

THE COMMITTEE ON GYNÆCOLOGY of the Massachusetts Homœopathic Medical Society, who will, under the new rule, report only in October, have decided to limit the subjects for discussion to three; viz., *Anteflexion of the Uterus, Membranous Dysmenorrhœa,* and *The Influence of Uterine Diseases on the General Health.* On these subjects they invite papers, and hope that all will come prepared to discuss them with profit. The committee are Drs. Bennett of Fitchburg, Houghton of Charlestown, and Phillips of Boston, to whom all papers should be sent by Oct. 1.

LOCATIONS OF THE MAJORITY OF THE CLASS OF 1880, B. U. S. M. — *Boston,* Carr, Cole, Goldthwaite, Kinney (Grove Hall), Packard, Percy (Dorchester), Ruggles (Neponset), Sewall, Young (South Boston). *Bradford,* Bailey. *New Bedford,* Devereaux. *Nevada,* Holbrook. *Lynn,* Hopkins, Manning. *Clinton,* H. A. Jackson. *Philadelphia,* L. C. Jackson. *Damariscotta, Me.,* King. *South Berwick, Me.,* Norcross. *Lowell,* Page. *Arlington Heights,* E. H. Russell. *Millbury,* Slocumb. *New Haven, N. Y.,* Fulford. *Amesbury,* Stanley. K. G. Mudge has gone to Europe. Alice B. French has lately married Dr. Henry Mills, principal of the Fairview Electropathic Institute, Binghamton, N. Y., and has assumed the headship of the Ladies' Department at that place.

THE

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EDITORIAL.

NO DODGING.

WHEN a writer, with a well-directed shot, sweeps away a long row of assumed facts, when he knocks the bottom out of the major or minor premise of his antagonist, and leaves sundry highly vaunted conclusions, like a bridge without piers, resting on air, it does not save the conclusions, nor restore the premises, nor render the assumed facts at all more respectable, for the antagonist to turn about and call the writer "a fool," "a novice," "a callow fledgling," "an irregular," "an outsider," "a mongrel," "a fanatic," "an old fogy," etc.

Errors of fact and fallacies in argument, when clearly shown, are just as worthy of note, and call for the same measure of disapproval, when exposed by a young man as by an old man, a recent graduate as a veteran, a student as a professor.

It matters not what the name, age, sex, color, position, or general opinions of a writer may be, if he gives us the wheat clear of the chaff, or if he effectually proves that piles of chaff have been mistaken for wheat, his work is not to be set aside, nor discredited.

Truth is more to be desired than consistency. It is very hard to be obliged to give up favorite theories and opinions, especially if for years they have been so closely clung to and so widely promulgated as almost to form a part of the identity of the holder; but for all that, it must be remembered that

"*Humanum est errare; nullius nisi insipientis in errore* PERSEVERARE."

THE MORALITY OF DOCTORS.

CONSIDERING the confidence which of necessity the community reposes in the profession, it seems as if doctors ought to be exceptionally reliable people. Let us think for a moment what the nature of that trust is. It involves what is most precious in all the relations of life. There is no other person — certainly not the lawyer, who advises what is safe in property matters, or even the clergyman, whose part it is to give instruction in religious things, and administer consolation in calamity — who is received so unreservedly and admitted so intimately into the family home.

That such is the acknowledged place of the physician we realize from incidents like this, for example: not an unusual occurrence, by any means: he is called into a family, either in sudden emergency, or after deliberate consideration on their part, being perhaps an entire stranger to them. He is not surprised to be met at the door by either the gentleman or lady of the house, with a warm greeting and an assurance of delight at his coming, and at once installed in the place of trust. The very lives of the inmates, of whose existence an hour before he may have been ignorant, are placed in his hands without question or reserve.

To answer fully the interrogation what sort of a person he should be to entitle him to such a position in the community, is perhaps not quite so easy as it would seem to be. Surely he should possess the rarest virtues and the soundest and best acquirements of science and art. He need not necessarily have the habits of artificial society. The true type of doctor may be met in the homeliest and least pretentious character, — the hard-working, unambitious man, bent only upon the performance of his duties in the community, according to his own modest and faithful standard. If to such substantial qualities can be added the refinements of more general culture, so much the better. Of one thing we may be sure: his ideal cannot be too high, if it is only practical and earnest, — a conviction so strong as to constitute in him the chart by which he invariably steers his professional course.

No "school" can lay exclusive claim to such men and women. Let us hope there are some in each, and make it our special endeavor to increase their number in our own.

HOMŒOPATHIC DOSES.

BY DR. JOUSSET.

Translated from the French by A. L. Kennedy, M. D., Boston.

GENTLEMEN, — The question of the greatest controversy to-day among homœopathic physicians is most assuredly that of the choice of the dose of medicines; it therefore has all possible right to be considered by you in your discussions. It is in fact for the purpose of examining the difficult problems of science that congresses assemble, and those only are successful which have the good fortune to solve some of these problems. I believe, and you are all of my opinion, that if the Congress of 1878 shall succeed in drawing up certain rules for the choice of the dose of medicines in the treatment of disease, it will have rendered homœopathy a most signal service.

Let us glance rapidly at the history of this question, and let us note the point where it rests to-day. After a first epoch, during which Hahnemann employed medicines in medium doses, there comes a second, much longer, and during which our master attained the height of glory and authority.

This second epoch is characterized by the employment of doses more and more infinitesimal, and we may say that this is the method which was the last word, and, as it were, the will of the great reformer. But the reaction against the exclusive employment of infinitesimal doses showed itself even during the life of Hahnemann. The decimal dilutions were originated, and an important group of homœopaths confined themselves to the exclusive employment of large doses, first decimal dilutions, and substances undiluted. Between these two extreme and equally unreasonable schools there appears a mixed school, which professes that medicines act *in any dose*, and which seeks to establish certain rules for the choice of the dose.

This school, which prescribes, in some cases, *Lycopodium*, *Silicea*, *Cuprum*, *Nux vomica*, in the thirtieth, and even the two hundredth dilution, employs unhesitatingly, in other cases equally obstinate, *Chin. Sulph.*, *Ferrum*, *Kali. Iod.*, *Mercurius*, in tenth-grain and even in grain doses.

It is precisely this mixed school which has need to solve the problem which forms the subject of this lecture; for with the extreme infinitesimalists, as well as with those physicians who never administer any but ponderable doses, there is not even a question on this point. The establishment of a system removes all difficulties; and yet if both cure, both also too frequently fail, and this is precisely what we wish to demonstrate before going further. For if one or the other extreme schools should cure

always, we should have only to connect ourselves with that school.

A. *Insufficiency of the pure Infinitesimalists.*

This insufficiency is not contested. Hahnemann had attempted already an explanation of the partial failure of infinitesimal doses, and the *psora* theory was the outgrowth of this need of explanation. But this theory is insufficient, and there are some cases which resist even antipsoric medicines.

To-day the pure infinitesimalists affirm that if the medicine does not act in an infinitesimal dose, it is because it is badly chosen. This is a convenient argument, and one which consists in habitually accusing its adversaries of ignorance or of indolence. I will oppose this argument, in the first place, with a simple anecdote, but which has its instructive side. A grand Spanish lady, attacked with an intermittent facial neuralgia, was treated unsuccessfully for a year by one of the purest and most distinguished homœopaths. Was it the *psora* which caused the failure? It surely was not the bad choice of the remedy; the length of treatment and the reputation of the physician do not permit us to entertain such a supposition. Well, this lady, having arrived in Paris, is cured in eight days, with some grains of *Sulph. of Quinine.*

Have I not seen sufferers from cardiac asystolia, abandoned by homœopathy, powerless to relieve by infinitesimal doses, experience, if not recovery, at least considerable amelioration from *Digitalis* in a large dose? Does not Rogers, quoted by Richard Hughes, affirm that the repugnance which certain homœopaths have to the employment of the *Sulphate of Quinine* in large doses in intermittent fever, has much injured our doctrine in certain localities? and he corroborates his statement by our own statistics.

In the diarrhœa amenable to *Ars.*, to *Phos. ac.*, to *Bis.*, and to *Rheum*, I am convinced by successive trials, for the purpose of demonstration, that the low triturations and the large doses act more surely than the high dilutions. I am happy to be able to give here the testimony of Dr. Allen ("Review of American Journals," by Dr. Keghel, "Belgian Homœopathic Review," June number), who, after having given in vain both the thirtieth and the two-hundredth dilutions of *Ars.* in a case of diarrhœa, succeeded with the third trituration of the same medicine. *Tabacum*, which is a medicine very well indicated in vertigo with vomiting (*Vertigo a stomacho læso*, or labyrinthian vertigo of Meniere), ought to be prescribed frequently in a low dilution, — the third, and even the first.

The Marquis of M—— came to consult me for a vertigo of

this kind, lasting very many years. His physician believed it to be an affection of the stomach, as there were frequent vomitings and considerable emaciation. *Tabacum* cut short the crisis, and finally completed the cure, but I was obliged to descend from the third to the first dilution; the twelfth and the thirtieth, having been tried upon the disease, remained without effect.

The acute ganglionic congestions which yield so easily to a few drops of the tincture of *Bell.*, resist indefinitely the high dilutions of the same medicine. *Ferrum* in chlorosis, *Merc.* and *Kali. Iod.* in syphilis, *Chin. Sulph.* in intermittent fevers, according to the generality of homœopaths, should be prescribed in substance.

B. *Insufficiency of the exclusive Partisans of large Doses.*

We, in the first place, ought to place over against these unreasonables of the other order the success, so brilliant, of the first homœopaths, who were all or nearly all infinitesimalists; and this argument, drawn from the practice of a very large number of physicians, has an incontestable value. But we have arguments directly the opposite. I have proved, by experiment, a great many times, the value of doses by a gradually ascending scale of dilutions; and I have found that in obstinate cases the infinitesimal doses possess an unquestionable superiority. *Nux vom.*, for example, has an action much more certain in the twelfth and the thirtieth dilution, in neuralgias and certain affections of the stomach, than the low dilutions or even the tincture itself; this is true also of *Sil.* in scrofulous affections, of *Lycopod.* in constipation, of *Cup.* in cramps, of *Sulph.* in phthisis, etc.

I remark, in passing, that the partisans of the habitual use of low dilutions and large doses, like Richard Hughes, recommend *Sulph.* in the twelfth and thirtieth; proof evident that their practice has discovered to them the superiority of infinitesimal doses in obstinate cases.

If both the pure infinitesimalists and the positive partisans of large doses are, in their exclusiveness, equally baffled in a large number of morbid conditions, shall we find a more complete solution in some one of the intermediate sects? I think not. Shall we connect ourselves with those physicians who, practising the adage, *in medio stat virtus*, represent the school of moderation, and prescribe always the sixth dilution? Evidently not; this would deprive us at once of the benefits of the high and lower dilutions.

Shall we permit ourselves to be deluded by those who say, But medicines will cure in any dose; witness the success of the two opposite schools, witness our own works on *Drosera*, which have

shown that this medicine cures the cough which is characteristic of it in either the thirtieth dilution or in the mother tincture?

The chief question, these physicians say, is the choice of the medicine; the dose is immaterial. What good to seek for a solution of a problem which appears at once insoluble? Each one, following his temperament and his caprice, prescribes either the thirtieth dilution or the mother tincture. It must be said in continuation, there is something of truth in this system, and it is certain that there are medicines which, in obstinate cases, act in any dose. But it is also certain that even with these medicines there is always a preferable dose, and it is more certain, as we have but a moment since demonstrated, that there are some cases which resist infinitesimal doses, while others are absolutely intractable to large doses. The whole question then rests here, and we will attempt to give you a solution. I believe it is the study of medicine upon the healthy man which will give us the solution that we desire. The works on materia medica of Hahnemann and his pupils, both allopaths and homœopaths (for to-day all the therapeutists study materia medica after the method of Hahnemann), demonstrate that all medicines produce upon a healthy man two orders of actions, and that these actions are contrary. Thus any medicine which by its primary action increases the temperature, by its secondary action lowers it; that which at first diminishes the pulse afterward accelerates it; the same medicine produces both cerebral excitation and somnolence, both diarrhœa and constipation, both pain and anæsthesia. The symptoms which appear first have been called primary, the others secondary. Again, what frequently appears in the provings is a kind of alternation of opposite symptoms: the secondary succeed the primary, which in turn reappear after the secondary. The experimental method has demonstrated likewise that the dose of the medicine employed has a considerable influence in the production of alternate effects of the medicines. Thus with very strong doses the primary symptoms are nearly suppressed, and the secondary symptoms are directly produced. For example, strong doses of *Aconite* produce collapse with chill, without previously having raised the temperature; they produce anæsthesia without having caused pain; purgatives in large doses purge without having caused the previous constipation, etc. Very small doses, on the contrary, produce especially primary symptoms; thus *Acon.* and *Rheum* in small doses produce, the first, an elevation of temperature; the second, constipation, etc.

Upon the healthy man all medicines, then, show us two opposite actions, and these opposite actions are produced almost at will by the dose administered. Is it not evident, therefore, that if we wish to apply the law of similitude we ought, in the choice of

the dose, to conform ourselves to this rule, and administer large doses whenever they are analogous, when we wish to combat a symptom which approaches to the secondary action of the medicine; and on the contrary, to prescribe infinitesimal doses when we have before us a symptom which approaches to the primary action of the medicine? For example, *Rheum* in small doses upon a healthy man produces constipation, and in a large dose diarrhœa. If we wish to apply here the law of similitude, we ought then to administer infinitesimal doses in constipation, and the first dilutions, or even the mother tincture, in diarrhœa. The same rule applies to all medicines which in small doses produce constipation, and in large dose diarrhœa; that is to say, to that class formerly known under the name of purgatives. Thus *Digitalis*, in toxic doses, produces asystolia, and in order to cure asystolia it requires doses of *Digitalis* approaching to toxic (maceration of leaves).

Thus it is the poisonous doses of *Quinine* which produce those dangerous paroxysms, with syncope, which we find in the pathogenesis of Hahnemann; and it is the *Sulphate of Quinine* in nearly poisonous doses (1 to 2 grains) which cures the pernicious fevers.

Thus *Mercurius* in strong doses, continued upon a healthy man, produces ulcerations and a cachectic condition analogous to variola, and it is the same large doses which cure variola. Thus *Croton Oil, Rhubarb, Bismuth, Veratrum, Arsenic*, which in large doses produce diarrhœa, cure it better with the low than with the high dilutions; also *Tobacco*, which in large doses produces upon the healthy man vertigo with vomiting, cures much better the condition called *Vertigo a stomacho læso*, in the low than in the high dilutions. Again, the habitual use of water containing *Iron* produces a state of anæmia similar to chlorosis, and in order to combat chlorosis it is necessary to use *Iron* in strong doses.

To resume: in order to combat in a sick man, symptoms analogous to those produced upon a healthy man by strong and even poisonous doses, it is better to choose powerful rather than infinitesimal doses.

In another sense we find, for example, that *Silicea* produces in dynamized doses congestions and pains in the glands of the neck, ulcerations of the throat, pains in the pre-existing ulcers (Hahnemann); in order to cure these symptoms we should choose the infinitesimal doses of *Silicea*. It is with the dynamizations that Hahnemann has obtained the greater part of the symptoms of *Sulphur*, and the generality of homœopaths counsel the administration of the twelfth and thirtieth of *Sulphur* in the treatment of diseases. These considerations apply also to *Lycopodium*, to *Sepia*, and to the majority of medicines. Yet one great difficulty

is that the pathogeneses are made up in such a manner that we frequently ignore both the doses employed and the distinction between the primary and secondary symptoms. This is why I demand a reform in the materia medica. In allopathy the reverse is the rule. Thus it applies the secondary action to the cure of primary symptoms, and, *vice versa*, the primary action to the cure of secondary symptoms: for example, *Rhubarb*, in large doses, secondary action, for constipation, which is a primary effect of *Rhubarb; Aconite* in large doses, secondary action, for febrile heat, which is a primary effect of *Aconite*; *Digitalis* in large doses, secondary action, for rapid pulse, primary effect. On the contrary, when allopaths give *Sulphate of Quinine, Mercury, Iron, Opium*, in large doses for intermittent fever, syphilis, chlorosis, and diarrhœa, they practise homœopathy, since they prescribe, for symptoms analogous to the secondary actions of medicines, doses capable of producing the secondary effects.

But if allopaths frequently practise homœopathy without knowing it, it is just to add that homœopaths who prescribe twenty and forty drops of the mother tincture of *Aconite* in fever unconsciously practise allopathy; for they apply the secondary action of *Aconite*, lowering the temperature, against the febrile heat: *contraria contrariis curantur.*

In review, we believe, —

1. That the question of doses in homœopathy ought to be decided through an acquaintance with the primary and secondary actions of medicines.

2. That the primary or secondary action is in keeping with the dose employed.

3. That all medicines produce alternately opposite effects both upon the healthy man and even in a morbid condition, at once with homœopaths and allopaths.

4. That in order to conform ourselves to the law of similitude, it is necessary to employ the dose which produces the primary effects of the medicine when the morbid state is analogous to these primary effects; when, on the contrary, the morbid state is analogous to the secondary effects, it is necessary to prescribe the dose which produces these secondary effects.

5. That the infinitesimal doses are most likely to reproduce the primitive effects, and the low dilutions or even large doses are required to produce rapidly the secondary action.

Visitor. — "Lor, 'ow did it 'appen?" — *Mrs. O'Blarney* (the nurse, whose patient has had a relapse). — "Will, now, she wor a-gittin' on foinely, she wor, whin all av a suddint she tuk a woilent cold. No one cud n't tell 'ow it 'appened, but it is my belafe they gev her gruel out av a dhamp basin." — *Providence Journal.*

AN ACCOUNT OF THE PERINEOSINUEXEREEINATOR.

A NEW INSTRUMENT FOR THE EXPLORATION OF SINUSES, — ESPECIALLY ADAPTED TO GYNÆCOLOGICAL PRACTICE BY JACQUES ROBINSON, M. D., SURGEON, ETC.

[THE following article will be recognized as a very apt and pointed burlesque upon a subject which has more than once deserved ridicule. All medical men, not themselves mechanical geniuses, must have been impressed with the absurdity of the pretensions of many so-called inventions and improvements. The majority are useless; the minority rarely involving a new mechanical principle or a readaptation of an old one; the change, trivial and unimportant, being nothing more than would occur to the average practitioner in any moment of need. The really valuable inventions are best honored by observing and emphasizing this distinction.] — *Ed. Buffalo M. and S. Journal.*

To the Editor of the Louisville Medical News:

I desire to call your attention to a new instrument which I have had the honor to devise, and through your columns to claim priority in its invention.

That I may be just to all parties, I may first state what were the evolutionary stages through which my instrument passed before it reached its present perfected shape.

Some years since — the exact date has escaped me — Dr. Smithe, the eminent gynæcologist of Jonesville, gave to the professional world his since celebrated probe, a figure of which accompanies my text. This instrument has been known as the Smithe probe.

(GEMRIG.)

THE SMITHE PROBE.

It is three inches long, about the size of a knitting-needle, and is made of white metal. It has served an excellent purpose in the exploration of perineal sinuses; but it soon became evident that for sinuses which exceed three inches in length the "Smithe probe" would not do. We are indebted to the genius of Dr. Jones, the renowned uterine pathologist of Smithville, for a solution of this difficulty. Dr Jones modified the Smithe

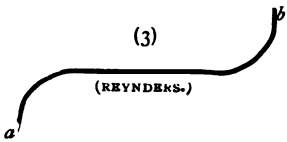
(TIEMANN.)

THE JONES MODIFICATION OF THE SMITHE PROBE.

instrument so as to make it *four* inches long instead of three, thereby allowing sinuses of increased depth to be examined.

This was a great improvement, but the instrument was not yet perfect. Both the Jones and the Smithe instruments were

confined in their operations to sinuses which were perfectly straight, and this fact led that obstetrical wonder, Dr. Brown, to devise an instrument which could be used in the exploration of sinuses which were deflected from a direct line. Dr. Brown also bore in mind the important fact, which was demonstrated by the Viennese school, that sometimes the sinus runs up and sometimes the sinus runs down. To meet this double difficulty he constructed a probe, which upon its right extremity ascends in a gentle curve, while upon its left extremity it descends in a similar manner. The accompanying diagram will illustrate these peculiarities perfectly, and will also show the capacity of the

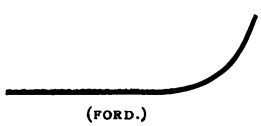


BROWN'S MODIFICATION OF THE JONES-SMITHE PROBE.

instrument for deflection from the normo-rectal direction. In diagram 3, *a* represents one end of the probe and *b* the other. The other figures explain themselves.

It might have seemed, with these instruments before the profession, that hardly anything more was to be desired for the convenience of the gynæcologist; but my experience, which is by no means limited, has taught me that there are still objections to be urged to each of the instruments named, and I have endeavored — and I think that you will allow I have succeeded in my endeavor — to combine in one instrument the excellences of all, with the imperfections of none.

The Smithe instrument was too short, the Jones modification was too straight, and the Brown modification was too curved, and as will be seen at a glance, can be *only* used in deflected sinuses. I have therefore, after much experimentation, constructed an instrument, after the pattern in the accompanying



ROBINSON'S MODIFICATION OF THE BROWN-JONES-SMITHE PROBE.

diagram, which it will be seen is curved at one end and straight at the other. If the sinus is straight, then the straight end is used; if the sinus is curved, the curved end is used. If it point

upward, the curve is pointed in a similar direction; if it point downward, the curve is simply reversed (Q. E. D.). So, also, I have caused my instrument to be made of two sizes — one three inches long, the other four — that it might cover the same field with the Smithe instrument and the Jones modification.

I trust, Mr. Editor, that with this showing there will be no gainsaying that I have made a real advance in our art, and that hereafter no one will endeavor to claim my invention.

J. Robinson, M. D.,

Surgeon to the Hospital for Ruptured Vesicles,
Member of the Anteversion Society,
the Round-Ligament Club, etc.

Brownsville.

ILLUSTRATIVE CASES.

Since preparing for print an account of my new instrument — which I have named for convenience the Perineosinuexereeinator, the last paragraph of which being derived from the Greek word meaning "to explore" — a number of cases have occurred in my practice illustrating its usefulness in demonstrating both the presence and absence of sinuses. I select the following for publication: —

Case I. — Mrs. A. B., aged forty years, female, brunette, bilious temperament, native of Kentucky, residence in Louisville, 397 West Thirty-Sixth Street, north side (up stairs); married 4th of July, 1866 (no cards); three children, named respectively Thomas, Richard, and Henry; weight, one hundred and twenty-three pounds (somewhat greater after eating).

She states that her appetite is pretty good when she is hungry, generally sleeps at night, and is about during the day. Had suffered the week previous to her visit to me with perineal furuncle, for which ordinary remedies had been used, and it had discharged. Suspecting a sinus had resulted, I made exploration with the smaller of my instruments, and verified my diagnosis. Sinus measured .2 centimeter in depth. Rx. Argent. nit., to be used locally, and take fluid ext. black haw. Cured.

Case II. — Mrs. MacF., Italian, aged fifty years, widow; occupation, attending clinics; parents dead; uncle living, also a number of cousins. Subject of retroflexion since birth of first child, thirty years previous. Has improved steadily under pessaries, which have been worn during the last ten years. Sinus suspected. None found. Diagnosis, chronic retroflexion. Treatment: hysterotomy (declined); pessary continued; sea-bathing, and a trip to Europe.

Jacques Robinson, M. D.

THE CLIMATE OF LOWER CALIFORNIA.

BY R. E. PIERCE, M. D., LOS ANGELES, CAL.

I WISH to say a few words to our Eastern physicians about the climate of Lower California and its relation to tuberculosis and other affections of the respiratory organs. While Minnesota, Colorado, and Florida offer many advantages to patients suffering from these affections, the counties of Los Angeles and San Bernardino, in Lower California, excel all other places in the health-restoring properties of their climate. For six months in the year, from May to November, no rain falls and not a cloud dims the sky; and yet during this time the inhabitants do not suffer from the heat as do the people of the East. Sunstroke is unknown, and even in the hottest days one finds a gentle breeze; this, together with the dryness, renders the summer salubrious, and does not deprive one of the disposition and power for mental and physical labor. There is a steady tone to the atmosphere, which, like a draught of wine, invites to labor and impels to activity. The nights are always cool; blankets are a necessity at all times, and not only is sleep possible, but wakefulness exceptional. And as for winter, we have none. Most of the trees are evergreen, and the most delicate roses bloom in the gardens at all times in the year. The rainy season is undeserving the name. The rain falls in occasional showers, chiefly during the night, and cloudy days are very few. Such a climate, so even, so dry and free from malaria, cannot but be beneficial in the above-mentioned diseases, and this is proven by the number we meet who came here almost total wrecks and expecting to die, but who now, at the end of three or four years, are strong and hearty, and, from all indications, likely to live to a good old age. In the evenness of the temperature *the year round*, this location excels all others; the seasons run into one another so gradually that the change is hardly perceptible, thus rendering pneumonia, that curse of Colorado, a stranger to the country. While at Aiken and Jacksonville the invalid finds a mild and even winter, the summers are intolerable, and he returns to his Eastern home, where he endures a most changeable climate, which counterbalances the good effects of his winter's sojourn. In coming from the East, the trip by water is, to one not too weak to withstand the bracing sea air, a most delightful and beneficial one; and the patient arrives rested, and in most cases the better for the journey.

That you may form a correct idea of the variations in temperature, I append the following: —

CLIMATE.

Meteorological Summary at Los Angeles, Cal., for the years ending Oct. 31, 1878 and 1879, as indicated at the top of the several columns, obtained from the records of the Signal Service, United States Army.

DATE.	Monthly mean Barometer (inches). Reduced to sea-level.	Monthly mean Thermometer.	Mean relative humidity (per cent).	Maximum Thermometer.	Minimum Thermometer.	Range of Thermometer.	Prevailing direction of wind.	Amount of rain. Inches and hundredths.
November.....1877	30.009	62.1	46.5	86.0	45.0	41.0	N.	0.45
December.....	30.005	55.3	56 4	81.0	36.5	44.5	N.	3.93
January.....1878	30.066	54.1	61.0	72.0	37.0	35.0	N.	3.33
February.....	29.998	54 6	69.3	71.0	41.0	30.0	N.	7.68
March	29.999	55.8	72.7	76.0	41.0	35.0	N.	2.57
April	29.902	58.0	69.8	80.0	41.5	38.5	S.W.	1.71
May	29.917	62.0	70.4	89.0	47.0	42.0	S.W.	0.66
June.....	29.901	72.0	72.0	81.0	47.0	34.0	S.W.	0.07
July	29 858	67.0	70.2	88.0	52.0	36.0	W.	.00
August.....	29.866	68.2	68 9	89.0	54 0	35.0	W.	.00
September	29.911	65.5	62.7	103.0	50.0	53.0	W.	.00
October.....	29.945	62.1	60.0	91.0	43 0	48.0	W.	0.14
Annual means....	29.948	61.4	64.10	83.9	44.6	39.3	N.	20.54
November.....1878	30.027	57.5	58.6	81.0	37.0	44.0	N.	.00
December.....	30 062	53.0	44.1	88 2	30.0	58.2	N. E.	4.70
January.....1879	30.110	51.1	63 8	73.7	36.0	37 7	N. E.	3.59
February.....	30.073	54.8	75.9	80.0	38.6	41.4	N. E.	0.97
March.....	30.078	57.7	70.8	99 0	42.5	56.5	S.W.	0.49
April	30.014	58.2	66.5	88.5	42.2	46 3	S.W.	1.19
May	30.018	61.8	60.0	97.0	43.0	54.0	S.W.	0.24
June	29.915	65.8	64.7	103.5	50.5	53.0	W.	.03
July	29.906	66.6	69.0	84.5	52.0	32.5	W.	.00
August.....	29.839	69.0	67.5	97.5	53.0	44.5	W.	.00
September	29.915	66.8	64.4	101.0	47.0	54.0	W.	.00
October.....	29.989	63 4	55.1	96.5	42.5	54 0	N. E.	.93
Annual Means....	29.995	60.5	63 4	90.9	42 9	48.0	W.	12.14

The London "Spectator" said, editorially: "The climate of California is like that of Greece cooled, and the climate of Tasmania is that of England etherealized, and the two are the nearest perfection in the world."

A FANCIFUL PICTURE OF ACONITE.

BY CARROLL DUNHAM, M. D.*

THOUGH it is always hazardous to undertake the illustration of a scientific point by a rhetorical simile, we may venture to liken the action of *Aconite* and cognate remedies to the onset and effects of a tempest. Whoever is familiar with the general character of North America from the Alleghenies to the Atlantic

* Lectures on Materia Medica, p. 84.

must have had an opportunity to overlook some fertile valley in the luxuriance of its midsummer vegetation. As he enjoys the prospect, the breeze subsides and the sunlight becomes obscured. The cattle cease to graze, they move uneasily through the field, and snuff the air as if in dread. Soon the incongruous swayings of the foliage in different parts of the valley make it evident that the air is agitated by varying eddies and currents. To the same cause are due the variations in the sounds of the murmur of the brook, and the hum of insects and chitter of the birds, that are brought to the ear at successive moments. Clouds of dust rise from portions of the winding road, and are borne whirling along and upwards. The cattle become more and more uneasy; they rush wildly to and fro through the meadows. A sound as of rushing waters comes up the valley, with a blast of cool air having an odor of freshly cut herbage, or faintly ammoniacal; clouds of dust envelop the spectator; the tempest breaks upon him, and for a time he realizes nothing but wild confusion and the crash and roaring of the elements in unrestrained collision.

After a short time the winds abate, the atmosphere becomes clear, and quiet prevails again. All things have resumed their normal state. Nature, animate and inanimate, has come to her former condition of repose. The violence of the tempest has swept past, — to spend itself in permanent effects elsewhere.

This represents, well enough, the action of *Aconite*, which raises an arterial and nervous storm, and though in fatal cases its fury may be great enough to induce chaos, that is, death, yet it does not localize itself in organic changes. Or, if the tempest be considered as representing disease, then *Aconite* is a happy influence (we know of none such in inanimate nature) which turns aside its force and sends it to expend its energies in material changes elsewhere.

But the tempest does not always pass thus lightly over the valley. It too often happens that when the calm which follows its outbreak permits the spectator again to survey the region, he looks upon a scene wholly changed. Trees have been prostrated, perhaps, and buildings overturned. The mill has been carried away, the dam has failed to resist the sudden increase of the stream; where was once a broad expanse of tranquil water is now an oozing waste, threaded by a narrow creek. The cattle are scattered and the crops destroyed. Havoc has been made, and desolation reigns. The processes of nature still go on, but in every condition how changed!

This represents, in some sort, the action of drugs which, like *Aconite*, produce a storm of general vascular and nervous excitement, but which, unlike *Aconite*, produce after this storm,

as a sort of sequel of it, a definite localization of pathogenetic action, viz., changes of function and tissues.

Such a remedy is *Bryonia*, in its action on the lungs and pleura, and *Belladonna* in its action on the brain and lungs; such, indeed, are most of our remedies; for there are few storms which do not make more or less of local havoc.

AMERICAN INSTITUTE OF HOMŒOPATHY.

THE thirty-seventh anniversary of this national medical association was held in Milwaukee, Wis., on June 15, 16, 17, and 18, 1880. We have neither time nor space to give a full report of the session, — that must wait for the bound volume; but, taking a general survey of the meeting, will notice some of its salient and most interesting points.

In numbers the meeting was a success, one hundred and ninety-eight physicians being registered as in attendance; of these, twenty were from New England (fourteen from Massachusetts). About forty new members were added. The pleasure of thus coming together annually, of meeting in a friendly way, and taking by the hand physicians from all parts of the United States, known to each other and bound together by common interests in a common cause, is realized only by those who have experienced it.

PRELIMINARIES.

The session was presided over with unusual grace, dignity, and efficiency by the President, T. P. Wilson, M. D., of Ann Arbor, Mich. It was opened with an appropriate prayer by Rt. Rev. Bishop Welles, of Wisconsin; after which an address of welcome was given by his Honor, T. H. Brown, mayor of Milwaukee. His cordial words and manner almost made us forget the cold shoulder sometimes given us by the officials of other cities. The following were the opening and closing sentences of his address: —

Mr. President and Members of the American Institute of Homœopathy: You are assembled in Milwaukee upon the invitation of the Common Council extended to you one year ago. On behalf of the Common Council and the city I extend cordial greeting, and venture to hope that your sojourn may be so agreeably and profitably spent that the acceptance of the invitation will not be regretted.

. . . . . .

Doctors, expressing the desire that your convocation may be harmonious, that it may result advantageously to the profession you cherish and to those sublime purposes to which your lives and labors are consecrated, I again extend to you the welcome and hospitalities of the city.

Professor Danforth, on the part of the State Associations, welcomed the Institute, and to both of the addresses President Wilson fitly responded.

THE PRESIDENT'S ADDRESS.

In the early days of the Institute it was the custom to select some one, who, in the course of the session, should deliver a popular address on the subject of homœopathy. Some of these addresses were very sensible and helpful to the cause in the city in which the session was held; others were filled with "buncombe" or worse, and some of the orators took occasion to air their own fanciful notions on spiritualism, psychology, dynamism, or Darwinism, in such a manner as to offend the members and make the Institute the laughing-stock of the public and the press. To avoid this, the popular address was laid aside, and it was made the President's duty to open the session with "an address on the progress of homœopathy during the year past, and make such suggestions as he may deem necessary for the Institute to take action upon during the session." So admirably did President Wilson perform this duty, so many practical ideas did he incorporate, and so chastely and beautifully did he clothe his thoughts, that the members and laity were alike charmed, and he seemed to be the only one present who thought the speaker should be allowed greater scope.

SCIENTIFIC WORK OF THE SESSION.

The character of the papers was better than usual. Some of them were the result of many years of observation and study, and possessed even originality, while nearly all showed careful and thoughtful preparation. The number of papers exceeded fifty, and lack of time alone limited the discussions that were stimulated by them. It has of late been a question how to do the great amount of work laid out in the limited time of the session; how to read the large number of papers and listen to the valuable discussions educed by them. The bureaus first in order usually get more than their share of time by crowding the others; on the other hand, if, as in the rotation this year, an important bureau like surgery comes last, its dozen papers and all the discussion thereon are crowded into an hour or less. To give time to important subjects, Dr. Ludlam made a motion which the Institute adopted, That next year the Institute should hold one morning session daily, and that the remainder of the day should be open for bureau meetings. By this plan each bureau could have an hour in the general session in which to present a *résumé* of its work for the year, and perhaps read one of its

best papers. It could also have a separate session of two hours in the main hall, open to all members, and as many sessions as is desirable in smaller halls for the transaction of business or the discussion of the less prominent or less important points.

MATERIA MEDICA, PHARMACY, AND PROVINGS.

This bureau has done much good work in the last dozen years, in various directions; but the present year, under the able chairmanship of Dr. J. P. Dake, of Nashville, it considered, "The Limit of Drug Attenuation and Medicinal Power in Homœopathic Posology." The papers were arranged under two heads, the first of which, viz., "The Proofs of Drug Presence and Power in Attenuations below the Sixth Decimal," was considered in the following papers: —

(*a.*) "As furnished by the tests of chemistry," by W. L. Breyfogle, M. D.

(*b.*) "As furnished by the spectroscope," by Conrad Wesselhoeft, M. D.

(*c.*) "As furnished by the microscope," by J. Edwards Smith, M. D.

(*d.*) "As furnished by analogy from the field of impalpable morbific agencies," by J. P. Dake, M. D.

(*e.*) "As furnished by the tests of physiology," by Lewis Sherman, M. D.

The portion of the subject included under the second head, "The Proofs of Medicinal Presence and Efficacy in Attenuations above the Sixth Decimal," was presented in the following papers: —

(*f.*) "As furnished by clinical experience in the use of attenuations ranging from the fifteenth to the thirtieth decimal," by A. C. Cowperthwaite, M. D.

(*g.*) "As furnished by clinical experience in the use of attenuations above the thirtieth decimal," by C. H. Lawton, M. D.

These papers possessed marked scientific ability, and exhibited careful and patient research. They were stimulated, if not originated, by Dr. Wesselhoeft's papers upon the study of the lower attenuations with the microscope. Although these researches do not settle the relative therapeutic value of high or low attenuations, yet they do explode the notions of some of our physicians in regard to the divisibility of drug matter.

BUREAU OF CLINICAL MEDICINE.

Under the chairmanship of Dr. C. Pearson, the bureau was composed principally of members believing in the efficacy of

high potencies. The general subject was scarlatina, which was treated in successive papers by Drs. Pearson, Lilienthal, Pomeroy, Mills, Baer, Lippe, and P. P. Wells. These will together make an important monograph on scarlatina.

THE BUREAUS OF OBSTETRICS AND GYNÆCOLOGY

Presented many important papers, which led to interesting and animated discussions in two general sessions of the Institute and in special sessions of the respective bureaus. These subjects are of great practical importance to the physician, and those members who have these sections as published by the Institute since 1866, bound together in a separate volume, find it a valuable source of information in unusual and difficult cases.

THE BUREAU OF SURGERY

Was, as we have said, crowded into the closing hour of the session. It considered the subject of surgical diseases of the alimentary tract, and although but few of the papers were read and none of them discussed, yet they will form a valuable portion of the Transactions.

THE BUREAU OF GENERAL SANITARY SCIENCE

Is so broad in its scope that it impinges upon every branch of medical science. Under the enthusiastic chairmanship of Dr. B. W. James, it becomes almost the foundation stone for the work of physicians and the Institute. The special subject this year was "Quarantine and the Limitation of Disease." It was treated in a very exhaustive manner.

On motion of Dr. James, two delegates were appointed by the Institute to attend the next session of the American Public Health Association.

THE BUREAU OF ORGANIZATION, REGISTRATION, AND STATISTICS

Reported through its chairman, Dr. I. T. Talbot, of Boston, the following statistics: The most reliable register contains the addresses of 6,000 homœopathic physicians in the United States, of whom 839 are active members of this Institute. The Western Academy has 150 members and meets annually. There are 23 State societies, of which 17 are incorporated, with a total membership of 1,859, of which 183 were added, and 28 died last year. Of 89 local societies, 63 report to the bureau 1,632 members.

The medical clubs are partly social and partly professional in their character. Six of these have 100 members.

Thirty-four homœopathic hospitals are established. Twenty-five of these report 1,505 beds, occupied last year by 14,913 patients, of whom 8,455 were cured, 2,864 improved, 349 not improved, 355 (less than 2½ per cent) died. The cost of 25 of these hospitals has been $1,189,175; debt, $85,000; funds, $41,206.

Of 29 dispensaries, 22 report 103,577 patients treated last year, with 221,803 prescriptions, at an average cost of 5½ cents per prescription in conducting the dispensary.

Eleven colleges, all in good standing, have had 1,192 students and graduated 387 the past year. The alumni number 4,822, and the members of the faculties, 159. The cost of establishing five of these colleges has been $230,000. Two special schools, ophthalmic and obstetric, have had 26 students, 18 graduates, and 182 alumni.

Sixteen journals are published in the United States, 4 quarterly, 10 monthly, 1 every two months, and 1 semi-monthly. These publish 22,250 copies, 700 pages monthly, or 8,400 yearly. One Library Association, 1 Publishing Society and 1 Homœopathic Insurance Company. All are in successful operation.

The Bureaus of Anatomy and Physiology, Psychology, Ophthalmology, and Otology all occupied a due share of the session.

THE INTERNATIONAL CONGRESS IN 1881.

So important was the meeting at Philadelphia in 1876, that it was then and there determined to hold an International Congress as often as once in five years, the next to be held in England in 1881. Already our English brethren are making arrangements for this meeting, and they sent a cordial greeting to the American Institute, with a request that there should be appointed as delegates as many of its members as would attend. The Institute heartily indorsed the proposition, and appointed a committee consisting of Drs. I. T. Talbot, E. M. Kellogg, and B. W. James, to make any necessary arrangements. Many members expressed their intention of attending the Congress, and there is little doubt that, if suitable arrangements can be made, a large representation will be present from America.

AN UNEXPECTED EPISODE.

Our English friends may be not a little surprised when they are informed that a young man with the euphonious name of Edward William Berridge was introduced to the Institute as their representative. Within the year we have been delighted by the presence of the distinguished English physicians, Drs. Pope and Blake; and the memories of Drs. Hughes, Hayward, and Clifton

in 1876, are still fresh in our minds. Accordingly, Dr. Berridge was invited to a seat upon the platform, and to participate in the session. Desiring to hear from our English associates, the President invited him to address the Institute. Without one kindly word for the good work which has been and is now being done in England for homœopathy, he spoke in the most lugubrious manner of its progress there, and then lectured the members and American physicians on their lack of knowledge of the "Organon," and informed them as to what they must do if they would become good homœopathists. The climax was capped when he attacked an honored and beloved president of the Institute in the following words: —

"Ever since that fatal error was committed by one whose memory we nevertheless hold in honor, of proclaiming 'absolute liberty in medical opinion and action,' a change for the worse has taken place in our own ranks. Ever since that time the name of Carrol Dunham has been held to sanction every kind of empiricism; forgetting that he himself in his teaching and practice was a true Hahnemannian, men have eagerly caught at his well-intentioned, though mistaken, perhaps misunderstood words, and ever banded themselves together to overthrow those that remained true to the teachings of the master."

His manner of delivery was such that few could understand at the time, or take in the full force of his words; and when one or two who had heard them objected to their going into the proceedings, the objections were overruled as discourteous to our English colleagues, of whom he was the representative. The members were surprised the next morning to find his whole speech printed in the daily papers, but their surprise was only equalled by their indignation at the impertinence of the whole proceeding. On the next assembling of the Institute the matter was brought up, and one after another of the members characterized it in fitting terms. When, therefore, it appeared that the Englishman was not a representative of anybody but himself, and was not even a member of any English homœopathic association, it was unanimously voted that his paper and all discussion relating to it should be expunged from the records of the Institute.

ELECTION OF OFFICERS.

There was one marked improvement this year over any preceding session, — no electioneering, no log-rolling, no buttonholing, no treating even to Milwaukee lager. When the hour for election arrived, the following persons were nominated and unanimously elected as officers for the ensuing year: *President*, J. W. Dowling, M. D., New York; *Vice-President*, W. L. Breyfogle, M. D., Louisville, Ky.; *General Secretary*, J. C. Burgher, M. D., Pittsburg, Pa.; *Provisional Secretary*, J. H. McClelland, M. D.,

Pittsburg, Pa.; *Treasurer*, E. M. Kellogg, M. D., New York; *Censors*, F. R. McManus, M. D., Baltimore, *Chairman;* R. B. Rush, M. D.; Mrs. C. T. Canfield, M. D., W. H. Leonard, M. D., P. G Valentine, M. D.

HOTEL ACCOMMODATIONS.

It might seem ungrateful, when your friends have "put their best foot forward" for your comfort, to make any adverse criticism; and we only do it as a warning for the future. When it was announced in the circular that special hotel arrangements had been made for members at $2.50 a day, at the Newhall House, they naturally supposed that a reduction had been made in their favor. To their surprise, they saw the advertised rates of this house were $2 and $2 50 a day, so that we had the highest rates instead of the lowest. But the members had their rooms engaged, which was one comfort, and it was to be the headquarters of the Institute for four days. No little indignation, however, was felt by members on arriving to find that the parlors they had expected were not to be had, and that the rooms they had engaged, and for which they held tickets, had been given to others. The rooms to which they were assigned were small, dirty, and ill-furnished; two or three members were put in a single room with cots and sofas instead of comfortable beds,—in fact, they were in a second or third rate hotel. This was the more aggravating, as there was another hotel, the Plankinton House, in which some of the members, who left the Newhall House in desperation, found good rooms, good attention, and good fare, for the same price. Moral: let the Committee of Arrangements select the best place possible for headquarters, and let the overflow be to places less comfortable.

THE BANQUET.

It is a brilliant sight when all the members and those accompanying them come together in their best guise for purely social purposes; and it is delightful, after the clatter of knives and forks, the music of the band, and the hum of voices have ceased, to listen to words of wit, wisdom, and eloquence. The first part of this programme is easily performed; the wit, wisdom, and eloquence are not always forthcoming. This banquet, perhaps, compares favorably with many others; but it requires peculiar ability, tact, and knowledge of the material at hand to prevent the toasts on such an occasion from being stale, and the speeches from showing insipidity. We hope that the Committee of Arrangements will not neglect this element of a successful session.

SOCIAL ATTENTIONS.

The attentions and kindness of the Milwaukee physicians and their families will long be remembered by those present. No efforts were spared to supply any wants or desires of their guests, and the beautiful "Cream City" was shown them in all its attractiveness. Buildings, public and private, were opened to the members, and the delightful reception given by Professor and Mrs. Danforth will be ever pleasantly remembered. The Court House, in which the meetings were held, was excellently adapted to the purpose. Altogether, this meeting of the Institute must be accounted as one of the most successful ever held.

The next session will be at or near Long Branch, in June, 1881.

NEW HAMPSHIRE HOMŒOPATHIC MEDICAL SOCIETY.

THE twenty-seventh annual meeting of the above-named society was held in Pythian Hall, Concord, on Wednesday, June 16, the President, Dr. T. E. Sanger, of Littleton, occupying the chair. The minutes of the last meeting were read and approved, after which the President delivered his annual address. The Treasurer's report was read and accepted, from which it appeared that there is a balance in the treasury of $69.75.

Letters were read from Dr. H. E. Spalding, of Hingham, Mass., delegate from the Massachusetts Homœopathic Medical Society, and Dr. William Gallupe, of Bangor, Me., delegate from the Maine Homœopathic Medical Society, expressing regret because of unavoidable absence.

Dr. C. C. Ellis, of Claremont, and Dr. C. W. Styles, of Manchester, were admitted to membership.

The bureau of Clinical Medicine reported papers from Drs. G. W. Flagg, of Keene, and George A. Martin, of Lisbon, which were read and discussed.

Dr. W. E. Keith, of Franklin Falls, chairman of Committee on Epidemics, made a very interesting report, which was discussed by Drs. Gallinger, of Concord, Sanger, of Littleton, J. C. Moore, of Lake Village, Ellis, of Claremont, and Styles, of Manchester; and a vote of thanks was passed to Dr. Keith for his excellent report.

Dr. T. Rogers, of Plymouth, read a paper on chronic varicose ulcers, and Dr. Ellis reported an interesting case of obturator hernia.

Drs. Lindsay, of Laconia, and Sanger, of Littleton, reported for the Committee on Obstetrics, and Dr. Gallinger for the Com-

mittee on Gynæcology, both of which reports were discussed at length.

The following resolution was passed: —

WHEREAS, Dr. S. C. Morrill, of Concord, a member of our society, has made a request to withdraw from membership, on the ground that he has taken a dislike to all medical societies, and wishes to be untrammelled in the exercise of his professional duties, and

WHEREAS, Dr. Morrill has recently connected himself with the New Hampshire Medical Society, thus formally renouncing his allegiance to Homœopathy, and demonstrating the true reason of his desire to withdraw from us; therefore be it

Resolved, That the Secretary be directed to communicate to Dr. Morrill the fact that the New Hampshire Homœopathic Medical Society has dropped his name from its list of membership.

A committee was appointed to nominate officers for the ensuing year, after which the society adjourned for dinner. Upon reassembling, the committee reported the following list of officers: *President*, Dr. T. E. Sanger, of Littleton. *Vice-President*, Dr. W. E. Keith, of Franklin Falls. *Secretary and Treasurer*, Dr. J. C. Moore, of Lake Village. *Councillors*, Drs. A. D. Smith, of Manchester; T. Rogers, of Plymouth. *Censors*, Drs. J. H. Gallinger, of Concord; D. F. Moore, of Lake Village; W. C. Welch, of Manchester; C. C. Ellis, of Claremont; Chas. I. Lane, of Concord.

After a free interchange of views on matters of professional importance, the society adjourned to meet next year at such time and place as the officers direct.

RETENTION OF URINE.

THIRTY-FIVE PUNCTURES OF THE BLADDER — RECOVERY.

In the *Revue Médicale de Toulouse*, Dr. Dazet reports a case of treatment for retention of urine, by puncture with the *aspirateur*.

This method of operation, lately introduced into practice, although not so painless as in the case cited by our associate, is of very great service. In case of periprostatic congestion, a transient inflammation creates an insurmountable obstacle; one or more punctures corrects the disorder, and the retention ceases without operation upon the canal.

In this case the subject was a man, fifty years of age, attacked with retention of the urine succeeding hemorrhoidal congestion.

It being impossible to use the catheter, an opening was made with needle No. 2 of the *aspirateur*. There was a discharge of about four and one half pints of urine. The next morning a second puncture was made; and, the following evening, a third. From the 27th of July to the 12th of August, this practice was

adhered to, morning and evening. Thus there were thirty-five punctures in a space limited to two or three centimetres above the pubis.

The discharge by the urethra commenced after the third puncture, and it was only after the thirty-fifth that the patient habitually voided the urine in a natural manner. Then he recovered without difficulty.

This result is of great interest in those not rare cases in which it is very difficult, perhaps impossible, to draw off the urine with the usual appliances. — *Journal de Médecine et de Chirurgie Pratiques.*

CURE FOR VOMITING OF PREGNANCY.

Dilatation of the cervical canal for the vomiting of pregnancy is now regarded not only as an efficient means of treatment, but reasonably safe. The dilatation should not, however, be carried to the interior of the uterine cavity, but should rather be confined to the lower portion of the constricted part of the cervical canal, and even here need not be extensive. It may be accomplished with the index finger, which should be gently carried through the external os with the rotating movement, until one half of the first phalanx has been introduced. This may be easily accomplished with the multipara, but with the primipara it will generally be necessary to enlarge the os by previous dilatation, until room enough has been gained to admit the finger. The statistics of the method of treatment are not sufficiently large to warrant us in saying that it is wholly unattended with danger of abortion, but from records of several cases, since 1875, it may be said that it is a safe and sure remedy. It was discovered by Copeman in 1875, when he dilated for the purpose of producing an abortion for the relief of vomiting, and instead of causing the abortion he cured the vomiting. — *Chicago Medical Gazette.*

HOW TO MAKE YOUR OWN KOUMISS.

Mr. R. Eaton Power, Medical Officer of H. M. Prison, Portsmouth, has made a series of experiments on the fermentation of milk, which appear to us well worthy of attention, since they may have for effect the placing of this valuable product within the reach of everybody. After trying the action of various ferments with little success, it occurred to him that milk contains in itself the elements of fermentation (caseine and sugar of milk), and that exclusion of the atmosphere and retention of the

carbonic acid produced at a suitable temperature, would fulfil all requirements and yield excellent koumiss. Mr. Power's experiments have, he tells us, proved the correctness of this supposition. Milk fresh from the cow is put into clean soda-water bottles, filled nearly to the top, tightly corked, and the cork secured with cord or wire. It is kept at a temperature of about 70° Fahr., and shaken every day for ten to eighteen days. It is fit to drink in ten days. By keeping it beyond eighteen days the quantity of carbonic acid becomes so considerable that a siphon-tap must be used to decant it, otherwise the whole contents of the bottle would escape when it is uncorked. It can be prepared, also, with milk from which the cream has been removed after standing for twelve hours.

In this preparation it is, of course, necessary to take precautions against the explosion of the bottles; endeavors should be made, also, to secure a tolerably uniform temperature of about 70°, and some discretion must be used as to the length of time the milk is allowed to ferment.

It should be borne in mind that *Koumiss* is ferment*ing*, and NOT ferment*ed* milk. — *Journal of Medicine and Dosimetric Therapeutics.*

Reviews and Notices of Books.

A System of Medicine. Edited by J. Russell Reynolds, M. D., F. R. S., with numerous additions and illustrations by Henry Hartshorne, A. M., M. D. In three vols. Philadelphia: Henry C. Lea's Son & Co. Boston: W. H. Thompson & Co., 32 Hawley Street, subscription agents. $15.00.

This great work, to which we called attention last March, is now finished. It is already too well known to need to be brought particularly before the reading medical public. Since the first appearance of the English edition it has been universally recognized as *the* exponent of modern British medicine, which is presented in its fullest and most practical form. In order to make the work as accurate and perfect as possible, the editor assigned the different subjects to the leading minds in the profession throughout Great Britain, mostly to professors in its medical schools, each to that gentleman who is universally regarded as the highest authority in the special branch treated of. Thus we have a series of monographs; for instance, Insanity by Maudsley, Consumption by Bennett, Asthma by Salter, the Larynx by Mac-

kenzie, Intestinal Diseases by Bristowe, Apoplexy by Jackson, the Bladder by Sir Henry Thompson, Gout and Rheumatism by Garrod, Alcoholism by Anstie, the Spine by Radcliffe, the Skin by Squire, the Heart by Sibson, Peacock, Gairdner, Gowers, etc.

A work so well planned and carried into execution, as it necessarily would be by such able writers, could not fail to be a great success; and it immediately took the first rank, not only in England but also in America, where many copies have been sold, in spite of the high price. In order to meet the demand of the large number in this country, who were very eager to get the work but could not afford to pay the money asked, Mr. Lea determined to reprint it and furnish it at a nominal price, trusting to the prospect of an immense sale to reimburse his great outlay. Those who have seen the result of his labors will heartily agree that his success has been perfect, and what he has furnished is even far better than the original, in consequence of Dr. Hartshorne's notes and additions, which in many cases bring up to date subjects which, from the lapse of time since first written, would not otherwise now represent the results of modern scientific investigation.

We are all so familiar with the cyclopædic work of Ziemssen that a comparison between the two naturally suggests itself. Reynolds does not deal so exhaustively with bibliography, history, nor physiological pathology, which branches are generally conceded to be more peculiarly adapted or at any rate congenial to the pertinacious and theoretical German mind; but Reynolds is more thoroughly *practical* and serviceable for every-day use, diagnosis and treatment having received especial attention. Not that pathology has been neglected by any means, however. Again, Ziemssen's Cyclopædia is written by men who, although undoubtedly able, without the means of such a work would hardly have been known far from their homes, while Reynolds's collaborators were already of world-wide fame.

Naturally, in a work of this kind, the articles would be, to some extent, of unequal value. For instance, those by Wilson Fox on pneumonia, by Dr. Gowers on heart diseases, by Maudsley on insanity, would probably be ranked by most as far superior in excellence to that on the spinal cord, etc.

In conclusion, we would offer it as our opinion, that very few of our homœopathic physicians can afford *not* to subscribe for this rich, yet cheap treasury of medical knowledge, and study it thoroughly.

PHOTOGRAPHIC ILLUSTRATIONS OF SKIN DISEASES. By George Henry Fox, M. D. Parts 3, 11, and 12. New York: E. B. Treat, 757 Broadway.

With these parts this elegant and accurate work comes to an

end. With Part 12 is furnished, for use when bound, a title-page, preface, table of contents, and classification and nomenclature of skin diseases. The subjects presented in these three parts are fibroma pendulum, varicella, zoster pectoralis and lumbalis, eczema universale, herpes facialis, hydroa bullosum, erythema circinatum and exfoliativum, purpura simplex, cornua cutanea, alopecia areata, morphœa, scleroderma, and sarcoma pigmentosum.

The publishers announce that the success of this work has been so great that they will shortly issue a companion volume by the same author, entitled "Photographic Illustrations of CUTANEOUS SYPHILIS," all representations of that disease having been omitted from the present work for want of space. We hazard little in saying that if the representations of the numerous phases of syphilis are as good as those of the diseases already pictured, the new work will be a grand success.

HAND-BOOK OF DISEASES OF THE SKIN. By J. R. Kippax, M. D. Chicago: Duncan Bros. 1880. pp. 208. $1.50.

Quite well adapted to accompany the illustrations just spoken of is the text-book of Dr. Kippax, who is a professor in the Chicago Homœopathic Medical College, and who has really prepared a very useful book for students, in that it presents a brief but clearly expressed digest of the main features of dermatology, including homœopathic therapeutics. Although it may seem to some too brief in its descriptions, yet when accompanied by good clinical instruction, without which the study of dermatology is a delusion and a snare, we think it will be found full enough to be practical. One convenient feature of this book is the alphabetical arrangement of its numerous diseases, which removes the necessity for an index. A glance at the treatment will show a very meagre symptomatology, and a very plentiful array of external applications, among which are sulphur, red precipitate and oxide of zinc ointments, tartar emetic lotion, balsam of Peru, diachylon plaster, chrysophanic acid, oil of cade, etc.; and yet the author says in his preface, "My experience leads me to say that the higher attenuations and the single internal remedy act most promptly" It is hard for us to see the jewel consistency here. It almost looks like a sop to Cerberus, to propitiate the "purists," and to avert their wrath against the "villanous external applications"; but we fear it will seem to them "too thin." We do not exactly see how either wing of our body could be perfectly satisfied with such a variety combination as would result from smearing on and rubbing in a good big dose of mercurial ointment, and at the same time giving internally *Lac caninum*, 100,-000th, or the same potency of *Mercurius*, to use only the "single remedy." All the weights and measures are in the metric system;

a very convenient "chart" of skin diseases is appended, and also a useful orthoepic glossary.

FEMALE PELVIC ORGANS. By Henry Savage, M. D. Third edition. New York: Wm. Wood & Co. 1880. Boston: Frank Rivers.

This reprint of Savage's well-known Surgery, Surgical Pathology, and Surgical Anatomy of the Female Pelvic Organs in a series of thirty-two full-page lithographic plates and twenty-two wood engravings, taken from nature, with commentaries, notes and cases, forms the sixth volume of Wood's Library of Standard Medical Authors for 1880. It is indeed an act of great generosity, on the publishers' part, to substitute a reprint of such an elegant work, the English edition of which sells for $12 or $14, for one of the volumes, for this year, of this series. The plates are really very finely executed and accurate reproductions, without color, of the originals, and there are about one hundred and forty pages of descriptive letter-press.

DISEASES OF INFANTS AND CHILDREN, with their Homœopathic Treatment. Vol. II. Edited by T. C. Duncan, M. D. Chicago: Duncan Bros. 1880. pp. 980.

The second volume of Dr. Duncan's work covers the following ground: Diseases of the liver, pancreas, spleen, supra-renal capsules, thymus and thyroid glands, lymphatic system, circulatory system, nasal cavity, pharynx, larynx, and trachea, lungs, genito-urinary organs, kidneys, bladder, brain, spinal cord, skin, eye and ear, and general diseases. Dr. Duncan has shown a great deal of perseverance and untiring industry in gathering together from all quarters — a *very* large number of authors having been drawn on — material to make a comprehensive work. Indeed, from the frequent quotations from West, Vogel, Smith, Rindfleisch, Meigs and Pepper, Steiner, Rilliet and Barthez, Lilienthal, Teste, Jahr, Hughes, etc., it might almost be called a cyclopædia. The author has shown much more care in the preparation of the second volume than the first.

TEMPERATURE CHARTS. Published by G. P. Putnam's Sons, New York.

In block form, about 7 x 5 inches in size, with spaces for the purpose of recording daily the temperature (morning and evening), pulse, respiration, etc. Forty cents for a block of 50 charts at W. B. Clarke's, Boston.

INTERMITTENT FEVER. By Prof. T. P. Wilson, M. D. Philadelphia: Boericke & Tafel. 1880. pp. 54.

This little book is merely an abridgment of Dr. H. C. Allen's recent work on the same subject, and gives special indications for twenty-five of the most common remedies for the disease, — the symptons being on one page and the name of the drug producing them on the next. In our opinion, for every-day use, the condensation is an improvement on the original work.

THE ARCHIVES OF MEDICINE for June (G. P. Putnam's Sons) contains an interesting article by J. Marion Sims on Pregnancy Vomiting; an investigation into the physiological action of Hernanthus, by Drs. Ringer and Morshead; the cold pack and massage in anæmia, by Jacobi and White; Hyoscyamine, by J. C. Shaw, etc.

THE TRANSACTIONS OF THE HOMŒOPATHIC MEDICAL SOCIETY OF PENNSYLVANIA for the years from 1874 to 1878, inclusive, which have been so long delayed, now come to us in a neat-looking volume of 563 pages, marked "Vol. II." The bulk of the work is unfortunately printed in very small type, — too small for any but the strongest eyes to read with comfort, — but the titles of the papers and the names of their authors are full of promise of good things.

THE seventh number of the HUMBOLDT LIBRARY OF SCIENCE, published by J. Fitzgerald & Co., 143 Fourth Avenue, New York, has been received. It contains Balfour Stewart's eminently popular work, "The Conservation of Energy," with all the original illustrations.

MR. W. A. TOWNSEND, of New York, the publisher of the American reprint of "Braithwaite's Retrospect," has begun the issue of a "Quarterly Epitome of Practical Medicine and Surgery," which is intended to be an American supplement to that standard compilation. The idea is a good one, and is well carried out in this first number of 160 pages. The price of the "Epitome" is $2.50 a year, or $4.50 for the two quarterlies. A. Williams & Co. are the agents for this city.

OUR MISCELLANY.

REGISTRATION OF BIRTHS. — A bill to secure registration of births in New York has passed the Assembly.

DANGER OF CHLOROFORM. — Dr. C. W. Robbins, of Milwaukee, Wis., proposes that some action be taken by the American Medical Association to the entire abolishment of chloroform as an anæsthetic.

NEPHROTOMY. — A correspondent of the "Medical Times and Gazette" says: "In 1733, Mr. Paul, a surgeon at Stroud, Gloucestershire, extracted from the kidney of a woman, by an incision through her back, a rough stone as large as a pigeon's egg, and made an entire cure."

OPHTHALMOLOGICAL JUBILEE. — Dr. Mooren, a celebrated German ophthalmologist, has recently celebrated at Düsseldorf a rare form of jubilee. He has entered on his list his 100,000th patient, having performed 16,765 great operations, 3,700 being for cataract. The town celebrated the event with festivities.

MAPLE SUGAR IN DIABETES. — Dr. H. Busbaker reports a case of diabetes mellitus in a patient, aged 70, who had been suffering for several years, and was much emaciated. He had a fondness for maple sugar, and was finally told to eat it *ad libitum*. From this time the sugar in his urine began to decrease, and finally entirely disappeared, as did the other diabetic symptoms.

LONGEVITY IN EUROPE. — Herr Max Waldstein, of the Statistical Department at Vienna, says that the number of persons in Europe who are upward of ninety years old is 12,831. In Italy, there are 241 women and 161 men over one hundred years old; in Austria, 229 women and 183 men; and 526 women and 524 men in Hungary. In Austria, there are 1,508,359 persons over sixty years of age.

TRUE. — We learn through the "Lancet," that Vernet, an eminent painter, was, on a certain occasion, asked for a pencil sketch, which he made while the applicant waited. When the latter protested against the price, Vernet replied, "Do you think I spent but ten minutes in drawing that sketch? It represents the labor of thirty years!" This anecdote may be useful to patients who criticise the just charges of their physicians.

DIGITALIS. — The prolonged use of *Digitalis* will produce, according to M. Ant. P. Ath. Rabuteau, fatty degeneration of the heart, the same as *Alcohol*, *Arsenic*, *Antimony*, which, like *Digitalis*, moderate organic combustion and nutrition. Thus, after mixing with the food of a dog ten to fifteen centigrammes of the powder of *Digitalis* every day for three weeks, the heart will present at the autopsy an appearance of incipient fatty degeneration.

A SIMPLE HYPNOTIC. — Frankhauser recommends the mono-bromide of camphor as a hypnotic in cases in which the narcotics proper are not borne, or in cases in which they have lost their efficiency from long use. The doses required to produce sleep (he gives generally two to two and a half grains in powder) are stated to be entirely harmless. Unpleasant effects, such as a feeling of fulness in the head, nausea, excitement, occur but rarely, and even then are only transitory. In most cases, the drug is well borne, even though gastric catarrh, cardialgia, etc., exist. The hypnotic effect follows rapidly, as a rule.

PHYSICAL EXAMINATION OF PERSONS WISHING TO MARRY. — The "Société de Médecine Publique et d'Hygiène Professionelle" has been discussing the proposition of Dr. Bourgeois that the State should take measures to prevent the marriage of individuals suffering from hereditary diseases. By such action, it is claimed that phthisis, epilepsy, insanity, and other diseases would soon be exterminated. Dr. Bourgeois would have every candidate for wedlock submit to a physical examination, and allow marriage to those only who obtained a medical license. A difference of twenty-five years in the ages should be a bar to marriage between two parties, provided one of them was over sixty.

INFLUENCE OF PILOCARPINE ON BALDNESS. — From the "Moniteur Scientifique," we learn that Dr. G. Schmitz has, in two cases, noticed the reproduction of hair on the head of a bald patient whom he had treated with hypodermic injections of pilocarpine for eye disease. On an old man of sixty, who had been operated on for double cataract, he made three injections in the space of fourteen days. The membrane over the pupil disappeared, as expected; but at the same time, the head of this man, who was completely bald, became covered with a thick down, which afterward became thicker, and at the end of four months there was no trace of baldness, and the patient had an abundant crop of hair, mixed black and white. Another patient thirty-four years old, suffering from detachment of the retina, had on the top of the head a bald spot as large as the palm of his hand. In this case, also, two injections of the same medicine resulted in not only curing the diseased eye, but also in the reproduction of hair.

PROGRESSIVE (?). — Dr. I. E. Layton writes to the "Medical Brief" concerning the metrical system: "I think the change is uncalled for, and that nothing of benefit will be accomplished by its adoption, but many grave mistakes will be made by doctors and druggists. We have an old system that is good, satisfactory, and easily understood. Let us keep it." Dr. Layton could have said as much for the old method of lighting his house with oil! Has he ever used gas?

SHOWERS OF CATARACTS. — In "Irgeskrift für Laeger und Nord. Med. Arkiv.," Giersing reports a peasant family in which cataract was hereditary to an extreme degree. Of twenty-six individuals in five descents, there were only six who had not yet had cataract; and of these six, two were still small children. The cataracts appeared under many different forms, and some were congenital. In six of the cases, the cataracts were removed by operation, and in four of these, good sight was obtained.

FUNGOID ORIGIN OF WHOOPING-COUGH. — It is worthy of note that the fungoid origin of whooping-cough, asserted some years since by M. Svetzerich, seems to be confirmed by the researches of M. Yschmar, who states that he has found certain lower organisms in the spittle of whooping-cough patients, — organisms not met with in any other disease accompanied by cough and expectoration. He asserts, further, that the organisms in question are identical with those which, by their agglomeration, form the black points on the skins of oranges and the paring of certain fruits, especially apples. M. Yschmar, by inoculating rabbits with this dark matter, or even causing it to be inhaled by men, produced fits of coughing several days in duration, and presenting in every respect the peculiar characteristics of convulsive whooping-cough.

INCUBATION OF SCARLATINA. — In the transactions of the Clinical Society, the conclusions of Dr. Murchison concerning the incubation period of scarlatina are thus presented: First, the duration of the incubation stage may be only a few hours; second, probably in a large proportion of cases it does not exceed forty-eight hours; third, it very rarely exceeds seven days. Consequently, a person who has been exposed to scarlet fever and does not sicken after a week's quarantine, may be pronounced safe. Many facts show, he thinks, that scarlatina has an infecting power from the earliest stage of the malady, although the comparative facility of preventing its spread in a school, when the first case is promptly isolated, points to this power being much less during the first two or three days than in the case of measles. On the other hand, scarlatina has the power of infecting over a period of many weeks; no case, in fact, can be regarded as safe until the expiration of the eighth week.

A MEDICAL CODE. — A recent "Medical Record" contains a very readable editorial on the subject of sins which no "code" can reach, and expresses the opinion that the truly honorable physician unconsciously governs his acts according to that higher law which is based upon the Golden Rule. Some men, ignorant of the code, or of its special provisions, do right to their brethren, because they cannot help it; while there are others who know the code by heart, and are ever ready to quote it as an excuse for acts which any honest man would repudiate. There is no law which can punish a practitioner for saying that he "never heard of him," on some worthy brother in his neighborhood being mentioned; for expressing surprise on being told of Dr. A's success in chest troubles, of Dr B as a gynæcologist, of Dr. C being famous in children's diseases, of Dr. D in surgery; for his unwillingness to accord to another practitioner credit for any skill or virtue that he would like to claim for himself; for damning another with "faint praise." The code of morals is often broken in professional as in social life, through insinuations and innuendoes.

A SUIT FOR DAMAGES. — The "Boston Medical and Surgical Journal" lately published an account of the sudden death of a patient while under the influence of ether, in Providence, last December. The relatives of the deceased brought a suit for damages against the attending surgeon. In view of this action, the Rhode Island Medical Society, at a recent meeting, adopted the following resolutions: —

Whereas, We have heard with much surprise and indignation, that a most unjustifiable suit has been entered against a physician, a fellow of this society, for an unavoidable accident, which occurred in the administration of ether, rendered necessary by the nature of the injury from which the patient was suffering; whereas, the facts in the case as testified to before a coroner's jury prove that no blame attaches to the physicians in attendance on the case; and whereas, a similar accident may hap-

pen to any member of the profession in handling their cases, when the administration of an anæsthetic is absolutely demanded for the relief of their patients, or otherwise patients must be abandoned to their fate:

Resolved, That we, as a society, knowing the difficulties that we encounter in our practice, deprecate a proceeding which, if sanctioned, would expose us to annoyances and persecution; that we deprecate it on behalf of the poor, who are exposed to severe accidents, and to whom our services, so often rendered gratuitously in their sudden and sharp affliction, would be denied if we are in peril of being persecuted by law-suits as a reward for the exercise of charity, and for carrying out the humane spirit of our profession.

Personal and News Items.

Dr. H. B. Cross, of Jamaica Plain, left for Europe, June 26, and will return Sept. 1.

Dr. Samuel A. Jones has resigned his position as professor in the Michigan University.

Locations. — Catharine A. Mills, M. D., at Seneca Falls, N. Y. C. M. Marston M. D., at Methuen, Mass.

Removals. — Dr. E. B. Cushing, from St. Johnsbury, Vt., to Lynn, Mass. Dr. S. H. Sparhawk, from Gaysville, Vt., to St. Johnsbury, Vt. Dr. C. P. Holden, from Rochester, Vt., to Gaysville, Vt. Dr. C. H. Hallowell, from Lawrence, Mass., to New Boston, N. H. Dr. H. M. Irwin (B. U., '75), from Galesburg, Ill., to Kewanee, Ill.

Mellin's Infants' Food. — A neatly printed pamphlet of thirty-two pages has been issued by Theodore Metcalf & Co., which contains interesting notes on infants' food, the mortality of infants, its causes, etc., and illustrations of the value of Mellin's Food for Infants and Invalids. Having recommended this preparation for years, and used it in our own family, we can heartily indorse the views here set forth.

On account of the paucity of contributors on electro-therapy and nervous affections, the "American Journal of Electrology and Neurology" will be united with the "Medico-Chirurgical Quarterly," a new magazine in the interest of general medicine from a liberal stand-point, controlled by no school or party.

The subjects "Electrology" and "Neurology" will form a conspicuous part of the new journal, each number of which will be represented by a pamphlet of from eighty to ninety-six pages. The first number, with Dr. John Butler as editor, will be issued about Oct. 1. The yearly subscription has been fixed at $3.00, payable on receipt of first number.

American Institute of Homœopathy. — The following are the assignments of the Bureau of Obstetrics for the year ensuing: —

PUERPERAL MORTALITY.

A. *Maternal.*

1. Nervous. — Mrs. M. A. Canfield, M. D., Cleveland.
2. Hemorrhagic. — Miss Millie J. Chapman, M. D., Pittsburg.
3. Convulsive. — J. C. Ormes, M. D., Jamestown, N. Y.
4. Febrile. { Preventive. — C. C. Higbee, St. Paul. / Curative. — Mrs. C. T. Canfield, M. D., Titusville, Pa.

B. *Infantile.*

1. Fœtal. — Prof. J. C. Sanders, M. D., Cleveland.
2. Parturient. — Prof. O. B. Gause, M. D., Philadelphia.
3. Postpartum. — L. E. Ober, M. D., La Crosse, Wis.

The above list will be lengthened and amended as the interests of the theme seem to require. Circulars will soon be issued, which every member of the Institute is desired promptly to answer. The testimony of the humblest practitioner is as important as that of the proudest.

Geo. B. Peck, M. D., *Chairman.*

THE

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EDITORIAL.

A DELIGHTFUL COMPANION.

FEW men have done more to build up and advance the cause of homœopathy than Dr. Hempel, whose eulogistic obituary notices have so recently appeared in all of our journals, and of whose wonderful perseverance and indefatigable energy in developing a homœopathic literature none but the youngest accessions to our ranks have need to be reminded. The first two editions of his Materia Medica had met with great success; still he recognized deficiencies in them which he earnestly desired to correct. The great affliction of his blindness, and other infirmities, made it necessary for him to choose some able assistant, in sympathy with his convictions, to aid him. Dr. H. R. Arndt has proved himself equal to the task. We find the first volume of the third edition * *vastly* superior to its predecessor. First, as to its general mode of presentation, the old, uncomfortable division into lectures has given place to a simple alphabetical arrangement. The new remedies have been introduced and the old ones very carefully revised. A large number of clinical cases, selected from journals and private sources and printed in small type, has been scattered through the work.

We desire to express our opinion, in the most emphatic manner possible, that the general plan of this work is not only far better

* MATERIA MEDICA AND THERAPEUTICS, arranged upon a Physiological and Pathological Basis. By Charles J. Hempel, M. D. Third edition. Revised and enlarged with the assistance of H. R. Arndt, M. D. Vol. I. Chicago: W. A. Chatterton. 1880. pp. 780.

adapted than any other for the successful teaching of this branch, but that it renders a study which, under some other methods, is exceedingly stupid, one of the most fascinating of all. Give an average student now the choice between grinding on Hull's Jahr, and Hempel and Arndt, and you will notice his disgust at the one and delight with the other. For a somewhat parallel case, if you should desire to cultivate a young person's ability to write the English language accurately and elegantly, you would naturally try to induce him to become familiar with the writings of Charles Lamb, William D. Howells, or other fine composers, rather than to devote his exclusive attention to the study of Webster's Dictionary, which, although a very valuable book, and one which is not likely to be consulted too often by physicians, nevertheless is not generally considered to offer a superabundance of attractions as a text-book for continuous study; and we can hardly imagine a more dreary, desolate, and discouraging task to set before a student than to require him to memorize mechanically a fearfully long but barren list of *symptoms*, — unless it be anatomical facts from books without good plates and unaccompanied by practical demonstrations, or the lists of exceptions to the rules in Latin prosody. We speak feelingly from an experience which we would willingly obliterate from memory. To be sure, after one has become familiar with the properties and actions of drugs, a tabulated arrangement of their symptoms is very convenient for reference, and very desirable for daily use; but for purposes of study, and for the easy and even delightful acquisition of a knowledge of materia medica, we insist upon it — and will not be gainsaid — that the plan of the book under consideration is the only true one. We are glad to see that the profession is every day growing to appreciate more and more the advantages of studying this branch on a physiological and pathological basis. This must ever be its groundwork. For the finer shadings and individualities of drugs, as well as for those sensations which border so closely on the hazy dreamlands that it is difficult to determine whether to ascribe them to fact or fancy, we shall always have to depend on pure symptomatology.

As an illustration of the authors' method, we will glance hastily at ARGENTUM NITRICUM. After giving its chemical composition and physical properties, its history and uses as well as abuses by

allopaths, an explanation of its homœopathicity when successful in their hands, and its effects, both symptomatic and pathological, in poisonous doses, the authors present Dr. Mueller's provings of the drug in groups under appropriate headings, first taking up the *cerebro-spinal group*, and giving in a dozen lines the best authenticated symptoms and those of most constant occurrence. Next come at length very interesting observations on the special therapeutics of the different diseases which would most naturally fall into this group, as, *e. g.*, neuralgia, epilepsy, and chorea. This occupies perhaps half a dozen pages. Next, the *facial* and *orbital groups*, the latter of which embraces chronic conjunctivitis, catarrhal ophthalmia, corneal opacity, purulent ophthalmia, etc. Then follow in the same way, first, the symptoms; next, the diseases with their special therapeutics, — the *auditory, nasal, dental, pharyngeal, chylo-poietic, urinary, sexual, thoracic, exanthematic, and mental groups*, — clinical illustrative cases being here and there interspersed in small print.

Of course, as the authors expressly state, this mode should be used *with* a tabulated symptomatology. Although we do not believe in any royal roads to learning, yet this book, which, we should have said before, seems to be very faithfully executed in detail, will do more to facilitate travel on the road which we all must take, than anything with which we are familiar. We congratulate the publishers on its mechanical execution. It is elegant.

SIGNS OF THE TIMES.

MANY of us will undoubtedly think, (1) that the doctrines advanced in Dr. Potter's paper on page 279 are a little too revolutionary; (2) that the instances of public, generous recognition by allopaths of homœopathic truths are really very few and far between, and almost exclusively confined to the isolated examples which Dr. Potter's eagle eye has detected (they very often, however, adopting our principles *without* any acknowledgment); (3) that, instead of our denouncing such appropriation as "stealing," and "hating" them for it, the great majority of us, on the contrary, have taken only the most undisguised pleasure and pride in these patent, even if unwilling, evidences that our leaven is beginning to

"leaven the whole lump," and have even felt more kindly to them on that account; (4) that the great majority of them, even now, are still very bitter towards us, — far more so than we have ever been towards them; (5) that Dr. Potter's apparent eagerness to abolish our sect and merge it in the "ancient catholic medical church," not exactly just now, but *when by said church "full justice is done to the memory of Hahnemann, and the law of similars receives unreserved and unqualified recognition,"* etc., must seem to the old school exceedingly grotesque, and an evidence on our part of a most generous spirit of "*unconditional* surrender"; (6) that the comparison of Hahnemann's reform to Christ's is an irreverent one, and that Christianity — the pure and undefiled part of it — is never destined to be absorbed by other and older systems of religion or morals.

THE GERM THEORY OF DISEASE.

BY S. G. BAILEY, M. D.

An Essay for which was awarded the Prize of Thirty Dollars, at his graduation from the Boston University School of Medicine, March, 1880.

HISTORY AND INTRODUCTION.

THE germ theory is the result of an effort to account for the presence and spread of the infectious diseases. When we review the fatal list of cholera, typhus and typhoid, small-pox, yellow fever, diphtheria, scarlet fever, syphilis, relapsing fever, not to speak of many others, we cannot fail to be impressed by their malignant, uncontrollable, and wide-spread characteristics.

These are the infectious, the contagious, or zymotic diseases; and any possible light that theory or experiment can throw upon their origin, their course, or their history, illumines a dark way that has led unnumbered thousands of our race down to death.

Thus this question is one of vast importance, not only theoretically to the physician, the scientist, the biologist, but practically and intimately to the great mass of mankind over the whole earth. Let us draw back the curtain of history, and glance very hastily at some of the plagues of the past.

The immortal Homer, in the first Book of his Iliad, writes of the plague sent upon the camp of the Greeks, when Apollo shot his arrows from the top of Olympus, and swift death fell upon men.

Thucydides writes of the plague at Athens, in the time of the Peloponnesian War, 430 B. C. We quote his words, full of deep

interest alike to the political economist and to the physician. Speaking of the moral effect of the plague on the people of Athens, he says, "They saw the strange mutability of outward condition: the rich entirely cut off, and their wealth poured suddenly on the indigent and necessitous; so that they thought it prudent to catch hold of speedy enjoyments and quick gusts of pleasure, persuaded that their bodies and their wealth might be their own merely for the day." This seems to be the first remarkable plague of the world.

We read of a terrible plague at Rome, thirty-eight years after that at Athens.

In the time of Justinian, 541–542 A. D., we find mention of the most fatal plague recorded in history, where, at Constantinople, from five to ten thousand a day perished.

In 1483 A. D., we find the "sweating sickness" in the army of Henry VIII of England, — a terrible scourge.

The "black death" of the fourteenth century, and as it appeared in London in 1650 to 1665, under the name of "the plague," is a terrible example of the zymotic diseases. The mortality from the "black death" quite exceeds our powers of imagination. Beginning in China, and spreading through the East to Europe, we find the mortality reckoned by millions; some 13,000,000 in China, some 25,000,000 in Europe. More than 100,000 perished in London, and fifteen European cities lost 300,000. It seemed as though the world had become one vast charnel-house. Society was convulsed to its centre, and all human bonds of friendliness seemed loosened. In Europe the Jews were accused of causing the pestilence by poisoning the wells, and in Mayence alone, 12,000 were cruelly murdered.

Marked examples of the fatality of small-pox are found in Mexico, where the disease was carried from St. Domingo in 1518, and by which it is estimated three and one half millions of people were destroyed. In 1707 it was introduced into Iceland, where more than one fourth of the whole population fell victims to it. Reaching Greenland in 1733, it almost depopulated the country. Fortunately we have found, in the vaccination introduced by Jenner, a reliable safeguard against this contagion, for the last seventy years.

Think of the ravages of cholera, another terrible infectious scourge. This is confined to no age or country; although its home is in India, still it stretches forth, a deadly exotic, to encircle the earth. During the very last year, 1879, its victims have been counted by thousands in India and Japan, and we know not during what summer heat it may again leap the barriers of our sanitary cordon, to scourge portions of our land.

Thus we of this age and country cannot flatter ourselves that

these wasting contagions have no terror for us, with our increased medical and sanitary knowledge; for although the "black death" is unknown in our midst, and notwithstanding small-pox has fallen from the van to near the rear of contagious diseases, still we of the United States are intimately and vitally interested in the yellow fever. This terrible epidemic visited our Southern States in the summer of 1878, with a severity almost unequalled before. During this summer of 1878 death and horror reigned through many parts of the South, as veritable a plague and as uncontrollable as were the visitations of the Middle Ages in Europe. In brief, the yellow fever of 1878 cost this country nearly 14,000 lives, and nearly $400,000.

These diseases have influenced the fate of cities, as Athens and Florence. They have decimated armies. They seem to delight in attacking the strong and robust, in the vigor and pride of life. It is estimated, in short, that the zymotic diseases are responsible for nearly one fourth the total number of deaths in the civilized world of to-day.

Not to particularize the statistics of other contagious diseases, we have, from the foregoing, a glimpse of the diseases that the germ theory strives to explain.

THE RISE OF THE GERM THEORY.

We may well conclude that the notion of minute organisms in the body, as the cause of the contagious diseases, is not entirely of modern origin.

Kircher, the Jesuit father, in the seventeenth century revived the old idea of *contagium vivum.* Linnæus, the Swedish naturalist of the eighteenth century, expressed the notion of the germ theory.

In the nineteenth century Schönlein, Sir Henry Holland, and others have upheld the germ theory.

The more modern foundations of the germ theory seem to have been laid about 1836, when the yeast plant was rediscovered, as it were, by Cagniard de la Tour, and Schwarnn, of Jena, who pushed the researches begun by Leeuwenhoek in 1680. Pasteur followed, some twenty years later, — a most prominent advocate of the germ theory as connected with fermentation. Within the past very few years almost infinite discussion has been had on the subject, and many eminent names appear on both sides of the question. The field of medicine is very wide, and the several portions are so intimately and naturally connected that it is sometimes very difficult to keep the attention well fixed on the part under consideration, and not dissipate force by pursuing a side, and possibly collateral path, rather than the direct road.

THE GERM THEORY TO STAND OR FALL INDEPENDENTLY.

The term "zymotic," as applied to the diseases in question, is derived from the *zumosis* of the Greek, signifying a ferment, and seems rather to beg the question by assuming as a fact one of the main points at issue, — whether or not contagious diseases are zymotic, and analogous to the process of fermentation. Again, in almost all the modern considerations, the theory of the evolution of life has been also discussed, as bearing closely upon the germ theory of disease. The germ theorist was considered as necessarily a believer in the descent of living organisms only from some parent living organism; the opponent of the germ theory must necessarily believe in the evolution of life from non-living matter. Thus it has been generally held. But, however interesting these various theories, let us not assume at the outset that the germ theory is to rise or fall, according as one or another of these may be substantiated or disproved Let us allow that the germ theorist may not find in fermentation an explanation of the action of the germ; that he may hold to the evolution of life, and still believe in the germ theory of disease on the one hand; that he may believe in the origin of life only from life, and still regard this a different question from the one under consideration.

DEFINITION OF GERM THEORY.

The germ postulate has well been put thus: Many diseases are due to the presence and propagation in the system of minute organisms, entirely foreign to its normal economy. These contagious diseases depend upon a poison which is taken into the system, and which increases and grows in a manner peculiar to living matter. In short, for a successful defence of the germ theory, it must be proved that the diseases in question originate with the introduction of the germ, depend upon that as its continued exciting cause, and disappear with its removal.

The foregoing is a fair definition of the germ theory, although its adherents are divided as to the origin of the germs. Some class them as parasites, of vegetable origin. Others, as Dr. L. S. Beale, hold the disease germs to be particles of living matter, of actual protoplasm, derived by direct descent from the living matter of man's organism.

Briefly to state the opposite of the germ theory, we find the physico-chemical theory of contagion, as enunciated by Liebig. This theory assumes ferment to be a portion of organic matter in a state of molecular change, which, by its own unstable nature, communicates the same decay to previously sound substances

with which it may come in contact. Almost endless experiments have been made by various scientific men during the past twenty years, and extended observations recorded to sustain one or the other theory.

HOW THE THEORY HAS BEEN STUDIED.

The modern approach to the germ theory has commonly been through the side question of the evolution of life.

Can matter totally inert, assuredly rendered so by a high degree of heat, supplied with absolutely pure air, give rise to life, *de novo?*

As their experiments have succeeded or failed in this direction, we find Pasteur, Helmholtz, Tyndall, Roberts, Sanderson, and others favoring the germ theory, while Bastian, Murchison, and many other eminent doctors deny the germ theory. Thus in doubt through conflicting authorities, let us first see what is definitely known regarding dust motes, among which we should expect to find these minute germs. If contagious diseases are caused by contagium particles floating in the air, or in fluids, we ought to be able to detect their presence by experiment, as the first step in our proof.

FAILURE OF THE MICROSCOPE.

But the microscope fails us here in most instances. The particles we search for are so ultra-microscopic that our highest lenses fail to individualize and study them. Although minute forms have, indeed, been discovered in contagious fluids, and described by different observers, yet in only two cases out of the many contagious diseases do we seem to possess direct proof that a contagium particle has been seen. The "micrococci" of Hallier, the "minute contagious bioplast" of Beale, the "spheroidal microzymes" of Sanderson, the "bacteria" of Bastian, Cohn, and others, one and all, still lack proof as causative of contagious disease, excepting only two diseases to be hereinafter mentioned. Still, we have found contagium to be particulate, and having the properties of a living organism. Although the microscope fails us, yet it is not for us to say that our art of seeing equals God's power of making. There may well exist as many wonders beyond the present power of our microscopes, as formerly lay between our unaided vision and the atom-revealing glass. But although beyond the range of the microscope, we yet find ourselves not without the power to prove the presence of minute motes in the air.

First, by the use of light we prove their presence. Second, by the process of putrefaction, and otherwise, we prove these motes to be organized.

TYNDALL'S LIGHT TEST.

First, by Tyndall's experiment the air is proven to be wonderfully full of minute floating particles or motes, be they germs of disease or innocuous atoms. These particles may really abound where the air seems perfectly clear to all ordinary vision. Just as the ray of light in a darkened room reveals to us the dust which was before invisible, so Tyndall, in 1868, made use of the electric beam to render apparent the dust before invisible. He first showed that the electric light, when thrown through a tube which was exhausted of air, was invisible, as none of the beam was reflected from the tube to the eye. Again, if the tube be filled with common air, thoroughly filtered from all floating impurities, it was then as invisible as when exhausted; while the free admission of the unfiltered air invariably restored the brightness to the path of the electric beam.

ORGANIC NATURE OF THE DUST IN THE AIR.

Second, the organic character of the dust of the air is abundantly proven by many experiments. In these experiments decoctions are made of this or that animal or vegetable matter, all possible life being destroyed by a high degree of heat. All experimenters are agreed that unfiltered air, introduced into the jar thus prepared, will result in the presence of life. The organic nature of the dust is further proven by Tyndall, who passed the air through a flame, and thus so removed the mote contents as to obtain a total lack of reflection, when crossed by the electric beam. The minute and persistent character of these motes is further proven by the care necessary to exclude them from any given vessel. Tyndall found that air which entered the experimental glass through a U-tube containing caustic potash and sulphuric acid, still showed a perceptible dust-cone in the electric light. He finally completed his filter by passing the air also through cotton wool, thus only excluding the motes with the greatest care.

Thus we find the germs of possible contagion in the air.

ORGANISMS OF CONTAGIOUS FLUIDS.

To demonstrate the presence of minute organisms in contagious fluids, we have the experiments of Beale, Chauveau, Sanderson, and others. Beale demonstrated by the microscope the presence of minute particles in apparently clear vaccine lymph. Chauveau and Sanderson took one step farther, and proved that the contagia of the vaccine vesicle and of the sheep-pox were insoluble and non-diffusible. The contents of the vesicle were

diluted with water, and a part of the fluid thus prepared was used for inoculation. The result was, less certain inoculation by just so much as the matter was diluted, but symptoms equally severe when any at all were obtained, which agrees with the theory that the contagium is insoluble. Again, covering the contents of the vesicle with water by diffusion, while the superimposed layer was found to be innocuous, the deep portion readily infected. This proved the contagium to be indiffusible, and quite subject to gravity. Tyndall's experiment equally showed the particles to be indiffusible, and not to exist in solution, as a gas in the atmosphere. He found the motes in the air to gradually subside if left at rest in a closed compartment, so that the searching glance of his electric beam left the air "optically pure," entirely free from foreign matter.

Thus it seems certain that our lives are passed in an ocean of dust; whether sleeping or waking, eating, drinking, or fasting, the dust is ever present with us. No ordinary filter arrests these wonderfully attenuated mites, and the only wonder is that so small a portion of this ever-present cloud seems to carry with it particles deadly to man.

RECAPITULATION.

To sum the knowledge thus far gained, we find —

1. There are floating bodies in the air, which are ultra-microscopic.
2. They are organized.
3. They are particulate, insoluble, and indiffusible.

Further, we find the contagious matter of known contagious fluids is similarly minute, imponderable, insoluble, and indiffusible. In further proof of this last proposition, we find Koch's test with the blood from a patient suffering with malignant pustule. In a specimen of blood in which most of the spores had fallen to the bottom, while a few still floated in the upper fluid, inoculation with the bottom, denser fluid produced death in twenty-four hours, while the surface fluid produced death in from three to four days.

LIEBIG'S PHYSICO-CHEMICAL THEORY OF CONTAGION.

We next consider Liebig's theory of contagion by action of a ferment, — the physico-chemical view.

There are two grand divisions of ferment: the chemical, acting catalytically, and changing other bodies while it remains unchanged itself; and second, the organized ferment, producing change by its own vital activity and growth.

The former is soluble, and is not reproduced during its activity.

The latter is insoluble, and it does multiply when actively working. The former breaks up dead chemical matter by a purely non-vital process, and there is no proof or probability that it would act thus on living animal matter, in the production of disease.

Second, in regard to the organized ferments. If these can be proven to be the cause of contagious diseases, still we have thus only substituted another name; for it is by their independent animal and vegetable structure that they work disease. They consume the fermentable substances as other living creatures do pabulum. Thus they attain to the dignity of true parasites, if they indeed survive and work disease. But whatever their action, it would seem to be not from their nature as a ferment, either chemical or organized, but as a true parasite, that they cause disease. Thus we throw aside the question of fermentation proper as the cause of disease, and advance to the consideration of our subject, — the doctrine of *contagium vivum.*

FACTS OF INFECTION.

Let us here consider the facts of infection, as generally acknowledged. First, we find its remarkable power of reproduction in the body. Here a very small portion of the infecting material gives rise to the disease, in which myriads of disease-bearing particles may be formed. This property is peculiar to organized structures, and would seem to separate the poison in question from any unorganized material whatsoever. For we are acquainted with nothing that exhibits self-propagation and growth except a thing possessed of life.

Secondly, this contagious poison is not only reproduced abundantly, but is reproduced in kind; as the oak springs from the acorn, and each vegetable growth from its own kind, so small-pox contagium produces small-pox, and every disease its own kind. These are regarded as two strong points for the germ theory, — the reproduction of the contagium in the body, and the reproduction in kind.

WHAT MUST BE PROVEN TO CONSTITUTE THE PARASITE THE CONTAGIUM?

Let us now turn to consider parasites as known by us, and readily studied. What must be proven for parasites to constitute them the cause of infectious diseases, and establish the doctrine of *contagium vivum*, the parasitic germ-theory of disease? We may consider that the parasite causes those symptoms that appear with its introduction and disappear with its removal. If the disease is transferred from person to person by the para-

site, then is the parasite the contagium. Whenever the parasite can be proven the exciting cause of a disease, just so far is the theory upheld. Yet the coincidence of a parasite with a disease must not be necessarily held to cause the disease, for it may be the result, or even accidental.

THE ENTOZOA.

First, to consider the entozoa, the typical parasites, what analogy can we detect here between the symptoms resulting and the conditions of the specific infectious diseases? The symptoms presented do not closely resemble those of the specific infectious diseases, but are due chiefly to mechanical irritation, and to malappropriation of nourishment. Yet we can find some analogy between these parasites and the theoretical ones we seek for.

(A.) Almost every species, animal and vegetable, has its particular parasite, just as the different specific diseases are found in some animals, and absent in others.

(B) Many of the entozoa pass one part of their existence in another host than the human animal, as the tapeworm, for example, and thus hint at contagion, as in the miasmatic-contagious division of infectious diseases the morbid matter from the sick person must undergo some change outside the body before it conveys the disease to the next person.

(C.) The entozoa have a specific habitat, and infest stomach, liver, intestines, or other definite site, just as does typhus fever the intestines, scarlet fever the throat especially, etc.

To advance one step nearer to our theoretical parasite, we next consider briefly some contagious diseases now known as parasitic, but whose cause has only recently been made known to science. Prominent among these we find scabies (the itch), caused by the *acarus scabiei.* The ringworm is now known to be due to a parasitic growth. The disease called trichina has lately been traced to the presence of the parasite, the *trichina spiralis*, in the muscles. This disease does closely resemble certain phases of the specific fevers, as typhoid. These serve for examples, while other diseases still could be enumerated as included in the class by modern minute research.

CERTAIN ACKNOWLEDGED PARASITIC DISEASES.

But to advance one step further, and to press to the ultra-microscopic limits, we find two forms of specific contagious disease, and fairly in the same category as measles and typhus, so far as we can see, that have recently revealed the parasite as their cause.

In splenic fever and relapsing fever, we have the constant presence of a special parasite. To consider the splenic fever, or anthrax: this is an extremely fatal and contagious disease, among men and cattle alike. Between 1867 and 1870, five hundred and twenty-eight human beings perished of this fever in the single district of Novgorod, in Russia. In the same district 56,000 domestic animals are reported victims of this dread disease. As early as 1850, Danaine and Rayer noticed, in the blood of animals dying of this disease, small microscopic organisms resembling transparent rods. Koch, Sanderson, Cohn, Ewart, further investigated the subject, particularly the first-named, and conclude that the contagium exists in two distinct forms, as bacilli and as spores. The former, living, gives a fugitive contagium, ceasing in a few days, or weeks at most. The spores are produced from the bacillus, and conserve the contagium for years. The latter can be subjected to very trying tests, and still remain infectious. Dr. Koch has demonstrated by the microscope that the rods (bacilli) mature into spores. That these latter constitute the most persistent and deadly form of the disease was proved by repeated inoculation of the smaller animals, with fatal results. The spores and bacilli in turn produce each other. This parasite has been named *Bacillus Anthracis.*

We turn, now, to relapsing fever. This is a contagious disease, distinct from typhus and others. In 1872, Obermeier, in Berlin, discovered the spirilla that exist in the blood during that disease. He fixed the fact that these organisms, the *Spirillum Obermeieri,* appear only during the febrile paroxysm, and disappear at its end. These observations were confirmed by many repetitions during a similar epidemic at Breslau. Heydenreich, of St. Petersburg, has published a monograph on the same subject, based on forty-six carefully observed cases, with more than 1,000 observations of the blood. He found that every rise of temperature was invariably preceded by the appearance of spirilla in the blood. These disappeared shortly before the crisis. The correspondence between the appearance of the spirilla and the subsequent rise of temperature was exact, and the latter could be certainly predicted from the former Thus it seems probable, at least, that the spirillum is the actual contagion of relapsing fever.

Beyond this, the microscope absolutely fails us, physiology fails us, chemistry fails us. We are utterly unable to detect organisms found in the fluids of infectious diseases, and so differentiate them as surely to affirm that they are the cause of said diseases. But we are not left entirely without resource, for we may still study the well-known forms of infectious diseases, en-

deavoring to ascertain if their inception, continuance, and conclusion do or do not conform to the known facts of parasitic life and growth.

The following specific eruptive fevers constitute a distinct, well-known, and important group: viz., variola, varicella, measles, scarlatina, typhus fever, typhoid fever, cerebro-spinal fever. These fevers are infectious, and, according to the germ theory, due to a specific organized contagium. While differing among themselves, they have the following features in common: —

First, a tolerably definite period of incubation for each.

Second, among the most prominent symptoms we recognize the fever in each.

Third, each has a characteristic local lesion.

Fourth, each has quite a definite period of duration.

Fifth, one attack commonly gives immunity from a second.

That a specific difference inheres in the different contagia, appears from the fact that each poison produces only its own disease, and no other. Connect with this the idea that each poison requires some other element beyond itself, some nidus on which to fasten, as would appear when we consider that of two persons exposed to the same contagion one sickens, while the other is unaffected. This question of the nidus will be frequently referred to in the following pages.

THE GERM AND ITS ENVIRONMENT.

The germ theory supposes that the smallest possible introduction of the disease-bearing poison is followed by the propagation of unnumbered similar organisms during the course of the disease. If this is so, we should look for some display of such abundant increase as affecting the surrounding tissues, the environment, the whole organism.

The chief effect of the growth of an organism, on its environment, is due to its consumption of nitrogen and water. These substances are eminently necessary for the successful performance of the bodily functions, for the proper growth and repair of the tissues. Do the characteristic disturbances of the specific fevers correspond to what might be expected from the growth of our theoretical germs? In the following considerations we shall assume the germs, and see how nearly the conditions follow: —

THE INCUBATIVE STAGE.

First, the stage of incubation. Here one or more disease-germs are received into the system, and, during the incubation, no decided and marked effect is produced. During this period the propaga-

tion is advancing, and new germs constantly forming. Small results arise from the small number of germs present during the early period of incubation. But later, the system cannot tolerate the increased invasion, and the incubation terminates somewhat abruptly in the febrile stage. We say abruptly, and yet a careful scrutiny of the few days preceding the rigors of the fever would reveal a general *malaise*, which might naturally result from the increased number of germs. Furthermore, as the period of incubation draws to a close, the increase of the germs advances in a geometrical ratio, and so we might expect something of an explosive termination of the stage in question, and introduction of the febrile state.

THE FEBRILE STAGE AND ITS LEADING FEATURES.

Second, the febrile stage.

Virchow says, "Fever consists essentially in elevation of temperature, which must arise from an increased consumption of tissue, and appears to have its immediate cause in alteration of the nervous system."

This stops short of telling us why there is increased consumption of tissue, and why the nervous system is altered in action.

Following our theory, we will endeavor to reach for the hidden cause of tissue waste, and see whether the propagation of germs may not cause it. We find the increase and growth of the numberless parasites, and their appropriation of the nitrogen and water needed for the proper performance of the bodily functions, a reasonable explanation of the following leading features of the febrile state:—

(A.) There is an increased waste of the nitrogenous tissues.
(B.) Increased consumption of water.
(C.) Increased rapidity of circulation.
(D) Preternatural heat.

(A.) There is rapid wasting and emaciation during fever, and the patient persistently lessens in bulk. This finds an explanation in the nitrogen consumed by numberless organisms in their growth and nourishment, thus diverting from the natural nourishment of the body.

(B) Next consider the increased consumption of water. The fever patient is thirsty, and much water is drunk, but without allaying the burning heat. This is not retained as water, nor eliminated, for the skin continues hot, the bowels constipated, the urine scanty. Furthermore, the more fever the more demand for water. What more reasonable supposition than that the myriad contagium particles use this water, the disposition of which is otherwise unaccounted for?

(C.) The increased rapidity of circulation is another feature of the fever. Does the presence of the contagium in the tissues account for this? We answer that the contagium germs, present in every part of the body, and using the nitrogen and water that would otherwise nourish the tissues, excite the same activity in the circulation that would result from excitement by the normal process of nutrition. As the germs multiply, the demand for nutrition multiplies, and the circulation is taxed to furnish the pabulum with sufficient rapidity.

(D.) Preternatural heat claims our attention. That this arises from increased consumption of tissue, there can be little doubt. The cause of this consumption we have already found in the propagation of the parasites.

LOCAL LESION.

Third. A characteristic local lesion is a most distinctive feature of the specific fevers. Thus small-pox has its own eruption; measles, its eruption together with irritation of mucous membranes; typhoid fever, its bowel lesion. These local lesions seem to be chiefly a hyperæmia of the affected part, and each one is constant in connection with its own disease. Thus a close connection between the special lesion and its specific contagium seems probable Does the contagium produce the lesion like an ordinary poison, or does this result follow from its peculiar organic devolopment? The differences between ordinary poison and the specific cause of the eruptive fevers are too numerous and pronounced to allow of our accepting the former alternative. The following are some of the differences:—

SPECIFIC AND ORDINARY POISON COMPARED.

(*a.*) A definite appreciable amount of most poisons is required to produce troublesome results, while the most microscopic atom of the specific poison of the contagion induces the same result as does a larger amount, and as surely if the person be susceptible to the influence at all.

(*b.*) In the former case the quantity of poison eliminated from the system can never exceed what was introduced. In the contagious disease the amount eliminated is much in excess.

(*c.*) The individual may be poisoned again and again, by the same poisonous substance, while immunity is usually conferred after one attack of an eruptive fever.

(*d.*) The system may become habituated to some poisons, as arsenic or opium, by the repeated and gradually enlarged dose. The poison of the eruptive fever either has its full course or none

at all. Thus there appear good grounds for accepting the alternative proposition, and for believing that the living organisms under consideration give rise to the lesions.

THE NIDUS.

We have seen that the propagation of the contagium leads to the demand for an increased amount of nutrition, and thus for an increased quantity of blood. This hyperæmia is remarked throughout the entire system, but more especially, and in an exaggerated form, at the site of the lesion. Here we find a localized hyperæmia. Now, we have previously called attention in this paper to the presence of a characteristic nidus, as necessary to the propagation of either of the diseases in question. Here we suppose the germ is especially propagated, here the fecundation takes place. With this fecundation we may naturally expect an increased flow of blood to the parts especially engaged in the process, beyond what is excited by the mere furnishing of maintenance to the parasites, as is the case with the body at large. Thus, the local lesion lends its argument for the parasitic germ theory.

DEFINITE DURATION OF SPECIFIC FEVERS.

Fourth. The definite period of duration of the specific fevers is a marked feature. In small-pox or typhus we have a definite order of sequence, and know beforehand nearly the duration of each stage of the disease.

This is not the case with an inorganic poison. Here the length of sickness, and its stages, are quite uncertain, depending chiefly on the amount of the dose, and the age and strength of the patient.

We have seen the cessation of the febrile symptoms to depend on the exhaustion of the special pabulum contained in the nidus, and to this we ascribe the definite period of duration which marks the different diseases in question.

IMMUNITY FROM A SECOND ATTACK.

Fifth. We come to consider the immunity from a second attack enjoyed by those who have once suffered from an eruptive fever. We know that, in general, every one is liable to one attack of small-pox, for example.

We know further, one attack is very seldom followed by another, and that repeated inoculation, even with the virus of the disease, fails to reproduce an attack. We fall back here, again, upon the nidus before referred to, the special pabulum of the disease, and find in its exhaustion during the first attack, and

its subsequent failure of reproduction, an explanation of the phenomenon in question.

DIPHTHERIA.

Let us briefly consider that common and often fatal disease, diphtheria. This is best regarded as a general disease, with a specific local lesion of the mucous and submucous tissue of the nose, throat, and larynx. The total general and specific disease may best be classed in our category of contagious diseases, and ascribed to the reception of a specific poison which is reproduced during the disease.

There seems good reason for considering the *contagium vivum*, the parasite, as the cause of the disease here, combined with the necessary nidus found in the tissues referred to. As in the eruptive fevers previously discussed, we find in diphtheria —

First. A marked contagion from the sick to the healthy.

Second. Quite a definite period of incubation.

Third. Like most of the fevers, a marked choice for certain ages.

Fourth. A marked difference in its degrees of severity, which we may well account for by the variable amount of pabulum as found in the nidus.

Furthermore, a microscopic examination of the granular matter of the diphtheritic lesion, by Nassiloff, Eberth, Oertel, and others, reveals micrococci. These organizations are found in immense numbers, even in the very smallest portion, and they increase with the increase of the lesion.

Attempts to induce the disease in the lower animals by inoculation have not met with marked success, although a destructive inflammatory process, accompanied with the development of micrococci, has been attained.

Because these attempts failed, diphtheria need not militate against the parasitic theory when we remember that the lower animals are not necessarily liable to the same diseases as man, and when we consider, also, the special local nidus as necessary to the disease, which may well be found only in the human nose, throat, and larynx.

YELLOW FEVER.

A hasty glance at yellow fever, as it was introduced into the South in the summer of 1878, may be of interest as connected with our theory. The steamer "Emily B. Sander" came into New Orleans from Havana May 23, and remained at quarantine only ten hours. The "Borussia," which preceded her by two days, was then at quarantine with five cases of yellow fever on

board, and was detained for fifteen days. May 25 the purser of the "Sander" died of supposed yellow fever, and the house was disinfected. A glazier in the house immediately behind the disinfected one next had the fever. For a second starting-point, the assistant engineer of the "Borussia" was seized with the fever, and died May 30. Other cases spread directly from these centres, and the dread disease soon had a firm foothold. Spread by steamer and fleeing individual, it now gained a terrible headway. Eminent authority opposed to our theory is forced to allow that "this is a disease induced by a peculiar poison, totally intangible, and disconnected from any known cause of disease."

LISTER'S ANTISEPTIC METHOD.

To turn a little to the strictly surgical side of the germ theory, it finds a strong supporter in Dr. Joseph Lister. The Lister antiseptic method was introduced by him, and used in his hospital in Glasgow in 1868, and afterward in Edinburgh. The method has found many supporters among eminent surgeons in England, Germany, and America. Lister defines the system thus: "It is the dealing with surgical cases in such a way as to prevent the introduction of putrefactive influences into wounds." The object is not only to prevent the entrance of germs into wounds, but also to destroy them if already there.

The theory is based squarely upon the germ theory of putrefaction, as expounded by Pasteur. The prevention and destruction of the germs are effected by the well-known appliance of carbolic-acid spray and carbolized dressing.

No doubt exists that the success with the use of this method has been better than under the old system of treatment; nor is it fair to claim, as do its opponents, that this is due only to greater general care exercised by the surgeon in this method.

Our previous discussion has demonstrated the presence of germs in the air, and argued strongly for their causative effect in contagious diseases, and this must have due weight in determining the cause of success in this method, although failing to establish any conclusive argument in behalf of the theory.

Tyndall's own experience in this matter is interesting. While bathing in an Alpine stream he cut his foot, and did up the wound in the clear water and a clean handkerchief. He remained quiet four or five days, and called himself convalescent. The wound was found clean, uninflamed, free from pus. He renewed the bandage, applied a gold-beater's skin, and by night experienced itching, heat, and the formation of pus later, with a sickness of six weeks. He ascribes the unfavorable result to the entrance of putrefactive germs. Lister's method aims to obviate this by preventing the entrance of the germs.

MAY NOT THE GERMS OF CONTAGIOUS DISEASES BE RESULT, AND NOT CAUSE?

Objections and arguments against the germ theory of disease are not few nor feeble, and if we seem to make an *ex parte* statement in this paper, it is not from ignorance of another side to the question. The subject of years of dispute and volumes of discussion can hardly be compressed within any reasonable limits for a paper of this nature. Certain objections have been answered incidentally, but we refer to a few others.

First, may not the germs in question, if really present, be the result, and not the cause, of the disease? Cohn, Weigert, and others have demonstrated the presence of micrococci in the fluid of small-pox pustules, and even in the skin surrounding these pustules. Dr. Klein has determined the same in the analogous disease of sheep-pox. Nassiloff and others have performed a similar service in diphtheria. Klein has also studied the specific bowel lesion of typhoid fever, and found abundant minute organisms in the mucous membrane, veins, lymphatics, and fresh stool of this disease. These are facts. We must allow the presence of the organism as connected with the disease in each case. Shall it be as cause or effect? Great obstacles to our research are found in the minuteness of the organism, and in the difficulty of examining the inflamed part at a sufficiently early stage of the disease.

Two chief objections are made to the view regarding the organism as the cause of the inflammation.

First, minute organisms, not to be distinguished by the microscope from those in the inflamed tissue, are found on the mucous surface in health, and may be introduced without causing harm. Second, the fact is adduced that the virulence of contagious mixtures diminishes in direct proportion to the increase of bacteria therein.

To answer the first, we must recur to the proposition that the microscope is not perfect; because bacteria look alike externally, they are not necessarily possessed of the same properties, any more than are the ova of a sheep and cow alike, because they exhibit no external differences.

To answer the second, that contagious fluids are most potent, as a rule, in the fresh state, and that they lose their contagious properties as the bacteria increase, we answer thus: The specific germs of disease must be held as different in character from the bacteria as commonly recognized. At the height of the disease, the disease-germs are most abundant. A fact in the growth of bacteria is that they only increase as suitable pabulum is furnished by the organized substance or fluid about them. Regard-

ing the parasitic disease-germs as different, more minute than the bacteria in question, and as organized protoplasm, we can readily see that their degeneration would furnish food for the bacteria. Thus as the parasitic disease-germs decreased, their potency for contagium would decrease *pari passu* with the increase in the bacteria proper.

WHY DO WE NOT FIND THE GERMS IN THE BLOOD AND TISSUE, AS WELL AS AT THE LOCAL LESION?

Again, it is objected that if the organisms are the contagious particles, and if the growth of these organisms causes the symptoms of the disease as in the specific fevers, then should the organisms be found in the blood and tissues as well as at the site of the special local lesion. To this it is answered: First, the organisms are so minute that millions might exist diffused in blood and tissue, and still elude our microscopic research. They have, indeed, been traced up *to* the veins, through the lymphatics. At the local lesion they are usually massed, and thus have been detected here.

Second, there is not only growth, but propagation, in the local lesion. It is at the nidus that the new germs are formed, and here are the fully developed organisms. In the tissues there is only growth, and no numerical increase by subdivision.

WHY DOES INOCULATED VARIOLA HAVE A SHORTER PERIOD OF INCUBATION, AND A MILDER COURSE, THAN THE NATURAL DISEASE?

Again, it is objected that inoculated variola has a shorter period of incubation than the natural disease, and is still much milder; whereas we should expect a more rapid and fatal termination, the shorter the incubative period. Following the theory previously enunciated, by which the febrile symptoms arise when the contagium particles have attained a certain number and growth, it is evident that the more we have to start with the sooner we shall reach a number causing a disturbance. The natural disease may arise from the introduction of one germ, while the inoculated must contain several contagium germs at the outset. Thus the question becomes one of simple mathematics. Further, in inoculation the contagium reaches its nidus, in this case the skin, immediately, and may begin propagation sooner than when introduced through the general circulcation, as by the lungs Why is the inoculated disease milder? Following the theory enunciated, it requires a union of the contagium and the special pabulum of the nidus to set up the disease. The severity of the disease depends on the amount of the pabulum in the

system, which must be exhausted before recovery. A wandering germ of contagium *might* enter the circulation of a person little susceptible (with little of the required pabulum), and even leave the system without chancing to encounter the necessary pabulum, so small in amount. Such a person, if attacked in the natural way, would have the disease but slightly. On the other hand, a person with much of the necessary pabulum would have a severe course of the disease, and would be little likely to escape the propagation of our supposed wandering germ. By inoculation, on the other hand, the contagium is in the immediate vicinity of the nidus, and the slightly susceptible person will be nearly as sure of taking the disease as will those with much of the pabulum. Here *all* are seized, and we see that the proportion of mild cases would be greater on our theory than when the disease was taken in a natural way.

WHY ARE WE NOT OVERWHELMED BY THE HOST OF PARASITES?

Again it is asked, "Why are we not overwhelmed by the host of parasites, seeing they are are so innumerable, and have so ready access to all parts of our systems?" This objection has already been answered in part, but one or two considerations on the subject may be further adduced: First, contagium is eminently perishable. The protoplasm of contagium particles is most readily destroyed when exposed to the air. It manifests its vital and disease-producing properties only in a susceptible person, and under conditions favorable to its propagation. Removed from the essentials, it speedily perishes. Nature follows the same grand law in the ova of animals and the seeds of the vegetable world. But one ovum of many in the animal world develops into the mature individual, but one acorn in thousands produces its oak, but one disease-germ in millions works its baneful way to maturity in the human body. Thus the destruction of the germ is as much a law of nature as its development. Thus one germ is ranked, in this respect, alongside other germs of the animal and vegetable world, and subject to the same grand laws.

CONCLUSION.

To conclude, we have advocated in this paper what appears to be the most plausible theory of contagious diseases, the parasitic germ theory, not unmindful of the darkness that still surrounds the path we have trodden, not forgetful that theories have been taken, at times, as the best substitute for facts. Doctors still disagree, and this theory, or any kindred ones on the subject, still undoubtedly fail of a mathematical demonstration. We track a

wide moor, where the path now shows dimly to our feet, and now is utterly lost in the gloom; but we know there are true ways through, we know there are boulders, and solid granite foundations of truth. By continued and unwearied seeking and tracking, we shall some day find these ways. We shall, by chance if not by foresight, plant our feet on immovable rock of immutable fact, and our research shall be rewarded by the stream of light thrown upon this difficult and dangerous class of diseases.

NOTE. — The writer must acknowledge valuable assistance from Tyndall's "Dust and Disease," Maclagan's "Germ Theory applied to the Explanation of the Phenomena of Disease," Drysdale's "Germ Theories of Infectious Diseases," and various other essays on the Germ Theory.

SIGNS OF THE TIMES.

BY SAMUEL POTTER, M. D., MILWAUKEE, WIS.

[*Read before the Wisconsin State Homœopathic Medical Society, June* 14, 1880.]

"THE signs of the times" was a favorite expression a few years ago, but the rapid multiplication of "signs" during our fast generation has made the masses less mindful of them.

When on the war-path in a hostile country, the keen-eyed scout bends low over his saddle-bow, eagerly scanning every inch of ground within his vision's bound for a "sign" of the treacherous foe. When one is found, how quickly is it surrounded, measured, marked, and judged, and only abandoned in quest of one more clear! But soon the "signs" become more numerous; every soft spot shows the print of recent steps; the broken bush, the beat-down grass, all betoken danger. The eyes of scout and soldier are no longer bent earthward, but right and left, front and rear, watching for the first movements of the foe whose presence feels so near. So, in days like these, the world moves on with rapid giant-strides; and footsteps which, a century ago, "echoed down the corridors of time," have become so numerous that we hardly notice them. But they are no less eloquent to the listening ear.

Some of the medical signs may have an interest for homœopathists. There are many, and they are marked, which prophesy a change in the spirit of our dreams. What we have hoped for is now being freely given; nearly all that our school has united in demanding seems to be in process of accomplishment. I will not go over the list of offices, State and national, held by our brethren at this time; nor the increasing favor shown to our school in every State of the Union. I am thinking, as I write, of professional signs alone.

For many years we have heard with avidity of every instance of the recommendation, by an allopathic writer, of drugs for the cure of conditions similar to their physiological effects. Such evidence of the truth of our central law some of our leaders have invariably denounced as "stealing," forgetting the indisputable fact that the same prescriptions were made by physicians centuries before the name "homœopath" was coined, or the law of similars formulated. In this ungenerous manner have they repelled whatever evidences of good-will were apparent in the utterances of our elder brethren; holding up the black flag of hate, and shaking it in the face of all men, they have hissed forth our shibboleth, and all but cursed those who could not utter it with our exact intonation. Such, I think, has been the homœopathic side of the discussion.

I prefer to show wherein one of our very excuses for existence is being done away with, by the honest credit given to our system, its founders, and its leading men, by some recent old-school writers.

So long as Hahnemann's great name was blotted out from the history of medicine as taught by the dominant school, every principle of loyalty and gratitude taught us that the sect which he founded should continue to honor his memory by a distinctive banner. But Ringer and Phillips of England, and Piffard of New York, have lately taken a course in this respect which cuts the very ground from under our feet; or, to use a nautical phrase, "takes the wind from our sails." That is to say, they have set the example of doing justice to Hahnemann and homœopathists, which doubtless will, ere long, be followed by many leading old-school teachers.

Professor Ringer, of the London University, in his "Manual of Therapeutics," quotes as authorities for trustworthy uses of drugs, our well-known names, Dr. Richard Hughes, Dr. Bayes, Dr. Fleischmann, Dr. Preston; and speaks of the "signal success" of phosphorus "in neuralgia, in the hands of homœopaths," as restoring to favor a drug which "had for many years fallen into disuse."

Professor Chas. D. F. Phillips, of the Westminster Hospital School, in his "Manual of Materia Medica and Therapeutics," quotes one of our Western stars, Professor E. M. Hale, and his "New Remedies"; and in hundreds of passages bears witness to the truth of the law of similars.

But it is to Dr. Phillips' American editor, Professor H. G. Piffard, of the University of the City of New York, that the greatest amount of credit is due in this direction. Not content with the insertion of articles upon drugs considered heretofore by his own school as almost exclusively homœopathic property,

such as *Glonoinum, Euphrasia, Hamamelis, Iris,* etc., he bears witness in the following manly words to the labors of homœopathists : —

Glonoinum. — " Its physiological effects were first studied by Dr. C. Hering (homœopath), of Philadelphia, in 1848, since which time it has been experimented with by many, who, without exception, confirm the more prominent phenomena described by him."

Belladonna as a Prophylactic against Scarlet Fever. — " When Hahnemann *first asserted this power,* but five years had elapsed since the publication of his peculiar ideas concerning the remedial action of drugs . . . little effort was made either to confirm or refute this pretended discovery, so important if true. Hufeland was one of the first to examine the question experimentally, and as a result gave his adhesion to the affirmative view. Since then much evidence has been collected on the subject, and the preponderance is certainly in the same direction."

Digitalis. — " Dr. E. M. Hale, of Chicago, suggests that an infusion be made with boiling water, and when cold, strain, and to twelve ounces add two ounces each of alcohol and glycerine."

Dr. Piffard's utterances on some of the hitherto mooted points in medicine are giant strides towards a liberal therapeutical science. He must be a brave man to write thus : —

Podophyllum. — " If the larger dose is too active, it is simpler and better to diminish it than to complicate its action with an additional ingredient. The tendency of the present age is toward mono- rather than polypharmacy, and prescriptions with the orthodox 'adjuvans' and 'corrigens' are less frequently seen than formerly."

Ignatia. — " There is a decided difference between the finer effects of Ignatia and Nux Vomica that is not explainable by the results of chemical analysis ; comparative clinical experience, however, will quickly demonstrate this to the careful observer."

Atropia as a Mydriatic. — " Dr. D. B. St. J. Roosa . . . states that he has seen dilatation result from $\frac{1}{20000}$ of a grain, and Dr. Ely from $\frac{1}{40000}$. Trousseau and Pidoux refer to an instance in which a dog's pupil was dilated for eighteen hours by the $\frac{1}{128000}$ of a grain. Lastly, Dr. E. G. Loring, of this city, states . . . that he has dilated his own pupil for twelve hours with the $\frac{1}{400000}$ of a grain."

Pulsatilla. — " The most available preparation at present attainable in this country s the imported homœopathic tincture."

Thuja. — " Little has been recorded on this subject [its physiological action] except by the homœopaths, who, in one treatise, devote one hundred and fifty pages to the subject."

Should such instances multiply, the historical reason for the separate existence of the homœopathic school will have passed into oblivion before the eyes of the present generation. With the adoption of the small dose, and physiological as the basis of the therapeutical action of medicinal substances, all the distinctive features of homœopathy will have been assimilated by the old school, except the Hahnemannian pathology (psora-theory), the dynamization doctrine, and the wild vagaries of fluxion potentizers, and of those mystic myth-regenerators who expose sugar of milk to the direct rays of the sun, or those reflected by the moon, and labelling it *Sol.* 30th, or *Luna* 200th, after certain processes of manipulation, go forth in the night of superstition, and encased in the armor of mysticism, to perform " most wondrous cures."

The records of all time show that reforms never live long as

the bases of independent, distinctive organizations. Sooner or later the reform idea becomes less sharp, its features less characteristic, and such of its principles as are founded on eternal truth become absorbed by the great mass of society. The rest dies, after a feeble existence, and soon the name is but an historical curiosity. Instances of this in the history of laws, of politics, and of religion will suggest themselves to any student. Even the greatest of all reforms, Christianity, may to-day be seen in its second stage of declination, — fatty degeneration. At first persecuted and helpless, its principles rapidly permeated and purified society, until it wedded the State, and became a political organization, and a synonym for cruelty, tyranny, vice, falsehood, and every species of infamy. The Protestant Reformation infused new life into the half-putrid mass of dying religion, and for a century or two Christianity again lived a power in the world. But now, grown fat and lazy, the Protestant reform has divided into social organizations, where modes of dress, theatrical amusements, and all the vices of society threaten to usurp the place of those principles of action and thought which made England glorious, and the names of Vaudois, Huguenot, Puritan, and Waldensian, synonymes for earnest piety and true religious character.

In ancient times three great sects swayed the world of medical thought: (1) the *Dogmatists*, whose great principle was, that to cure a disease we must know its *cause;* (2) the *Empirics*, who looked on medicine solely as an art, and upheld *experience* (which Hippocrates held to be "fallacious"), or what is nowadays called the "practical," as the *summum bonum*, the medical court of last resort; (3) the *Methodists*, or Routinists, who first classified diseases. Following these came the Hippocratian *tripod*, the supports of which were Reason, Experiment, and Tradition. Hippocrates, in his day, therefore, represented the true liberal in medicine, the genuinely, not the falsely named Eclectic. Next Asclepiades advanced the still extant exposition of a proper cure "*tuto, cito, et jucunde.*" The Pneumatists next swayed the medical mind, until Galen's "*contraria*" and polypharmacy overwhelmed it. The Chemists, Humorists, Mathematists, Vitalists, and Stimulists, the Hallerians, Cullenites, and Brunonians, rose, one after the other, on the ashes of the preceding theory. Name after name stands forth in blazing characters, — Avicenna, Dioscorides, Bacon, Cardan, Paracelsus, Helmont, Harvey, Descartes, Boyle, Sydenham, Stahl, Hoffman, Boerhaave, Haller, Cullen, Brown. *All have passed away*, but each system, each leader, left a mark, an impress on general medical knowledge. Will Hahnemann prove *the only exception* to this general law? A thoughtful student must answer, No! homœopathy must pass into history, having, like all the other systems, left its imprint on the

great profession. The inexorable logic of the past teaches us that the sect which Hahnemann founded will become absorbed by the ancient catholic medical church.

The evidences of this absorption are numerous. In this journal I recently attempted to show, in tabular form, the similarity between the present practice of the therapeutists of both schools in the treatment of dysentery and scarlet fever.* The same is equally true of the treatment of every dynamic disease; and similarly, along the entire line of dynamic diseases, "regular" therapeutics now reads like the record of a homœopathic dream.

"But," my readers will say, "to what does this tend? Should homœopathists abandon their organizations, haul down their flag, and surrender unconditionally to their life-long foes at the first sight of a white flag?" I answer, By no means! Until full justice is done to the memory of Hahnemann, — until the law of similars receives the unreserved and unqualified recognition which we believe it deserves in the treatment of dynamic diseases, — until the single remedy has driven Bourbonic polypharmacy from the scientific (!) field, — until physiological experimentation has taken the place of crude theoretical classification, as the only proper basis for the therapeutic application of drugs, — until these things are accomplished through the influence of homœopathy, its flag must wave aloft wherever sick humanity lies; its name must stand forth in letters of fire to point the way to a still more scientific method of therapeutics.

But, with all our pride, let us remember to carry humble hearts before the great altar of TRUTH. Homœopathists must ever keep before their eyes the teachings of the analogy of past events; and, remembering that sooner or later their name will have passed into history, should occupy the present in purging their materia medica of old-women's whimsicalities, and the senile imaginings of old-men-children, which crowd its pages. Drugs must be reproven, under scientific safeguards, and the homœopathic materia medica handed down to the amalgamated profession of the future, cleansed by the hands of Hahnemann's disciples. Then homœopathists will be ready to resume their places at the altars of Æsculapius, with a gift to the god which will merit the crown of immortality.

DR. J. H. PACKARD reports a case in which a child expelled from the nose, by blowing, a live centipede measuring two and one sixteenth inches in length. The animal was supposed to have gained entrance into the nose, while the child and his companions were throwing in play balls of new-mown grass into each others' faces. The only symptoms produced by the intruder were frequent blowing and rubbing of the nose.

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* *Vide* "Studies in Therapeutics," NEW ENGLAND MEDICAL GAZETTE, January, 1880, page 17.

VIVISECTION.

BY H. P. BELLOWS, M. D., AUBURNDALE, MASS.

THE public attention is being called more and more to the consideration of this subject. The efforts of Mr. Bergh to secure legislation in New York prohibiting such experimentation failed, to be sure, but the subject was then fairly broached, and is already renewed in the public journals. The appearance of an ably written article in "Scribner's" for July has reopened the controversy, and various replies are to be expected, some having already appeared. It is evident we are likely to pass through the same discussions which have already occupied the attention of the public in England.

It is not the purpose, in this article, to enter such controversy, but to insist upon the opinion that the public at large cannot competently judge the question at issue. Opposition arises almost wholly outside the profession, among men who doubtless hold honestly many mistaken ideas in regard to the practices of the physiologist and the real importance and bearing of his experiments. It is wellnigh impossible for one without education in medicine to realize the importance of physiological research, or the methods by which it must proceed. Certainly the ideas of the general public are more than vague, the use and significance of vivisection is imperfectly conceived, and the natural sympathies are excited in many instances by gross misrepresentations of its methods. My memory well recalls certain placards placed conspicuously in the railway stations of London, which by word and picture called forth honest sympathy for the brute creation, and raised righteous indignation against the scientists, making each passer-by an unjust judge. When brought before the people, the whole cause is likely to rest upon a sensational basis; the feelings are deeply concerned, while the mind is unable to see clearly either the necessity or the advantage of such apparent cruelty.

It is this alleged cruelty which is chiefly dwelt upon and emphasized for the public benefit, and it is easy to see the magnificent scope it affords the humane writer, and the fine field which it opens to the popular imagination. Startling details of various experiments of Magendie, and later French physiologists, may easily be obtained and presented with telling force, and the practices in German laboratories described in a manner to shock those of delicate sensibility, to engender morbid interest in many, and to insure wide-spread attention from all classes. The one idea inseparable in the public mind from vivisection thus presented is torturing pain, an almost savage cruelty. The brutalizing influence of the exhibition of such suffering before classes of stu-

dents is strongly affirmed and readily believed The beauty, the winning ways, the most endearing traits of the victims are called to mind, and the average reader turns away from the thought of agonizing pets and inhuman experimenters with the truest feelings of his nature aroused and indignant. Laying aside the question of cruelty, would not such an appeal to the sympathies be most unjust? Who would detail the scenes and incidents attending the destruction of countless domestic animals, which perish daily to supply our tables with food? Whose natural feelings would not respond were his thoughts directed to the innocent gambols of the lamb in its last hour of life? Descriptions of these things are wisely withheld; the public sympathy is not concerned with them; nor should it be (cruelty out of mind) with the end of the ill-conditioned creatures which find their way to the laboratory. Is not the need of the intellect as great as that of the body? Should not an animal be sacrificed for the one as well as the other?

The real ground of opposition, then, in the mind of the more enlightened public, would be the cruelty which is thought to be inseparably associated with vivisection; the depraving influence of the exhibition of such suffering upon students of medicine, and the lack of either adequate necessity or practical benefit attending its practice.

That intense suffering has been inflicted in the past upon animals will not be denied; so have men inflicted pain upon themselves and each other, and endured even death, in the cause of science. In some fields of research, pain is the price of progress; it is needless and aimless suffering which is to be deprecated. That in certain instances cruelty has been exercised in the past, is not to be denied; so has it also appeared throughout history in punishment, execution, warfare, in the cause of religion itself, and is to be condemned in equal terms wherever observed. That is the abuse and the shame of vivisection, and is to be distinctly regarded as such. That in France and Germany at the present day experiments of this nature are at times conducted in a manner which almost any American physician would characterize as unfeeling and brutal, is only too true. But how in fairness can the details of an act of individual cruelty, or of a brutal method employed in the past, or occasionally still in a foreign country, be paraded before our general public to make them judges of vivisection as practised here? How can the public read of the mutilation of a living animal in any manner without the inseparable idea of torture? What practical knowledge can they have of humane methods by which the suffering of the animal is actually made less than though he were killed for food? Yet such methods do exist, and, so far as I can judge, are employed almost universally

in this country. That they are effectual, I know from practical employment. The experiments upon certain portions of the nervous system which of necessity occasion pain to the animal are rarely repeated here, so far as I can ascertain. The question of the amount of suffering attending vivisection is one in regard to which the public cannot form an unbiassed judgment. It is a question for those educated in medicine, and I believe the physicians of our country would be foremost to denounce and condemn needless suffering, or cruelty in any form whatever. If investigation is needed, the public should be content to repose this question of cruelty in their hands, instead of seeking to establish a judgment of their own, in which they are so likely to err.

The demoralizing influence of the exhibition of suffering before classes of students is asserted, and this opinion would be stoutly held by all who believed that vivisections were conducted with the brutality commonly represented. It is only when the idea of cruelty is abandoned that this opinion loses its weight. In point of fact such demonstrations are attended with no greater exhibition of suffering than operations in surgery, and the influence of this upon students of medicine is never denounced as evil. Of my own experience I can testify, after witnessing a long course of daily vivisections in the most noted laboratory in Germany, for such demonstrations, that evidence of suffering on the part of the animals is seldom observed; even there they are in nearly every instance under the influence of some drug or anæsthetic. This, too, is a question which the public cannot so well decide as those who can better inform themselves of the methods employed in class demonstrations, and who have once themselves been students of medicine.

Finally, in regard to the real necessity and profit of vivisection the public would hardly be expected to venture any judgment at all. Yet this also is brought forward for public controversy, and made the ground of serious opposition. The subject has to be presented in a twofold aspect: first, with reference to experiments for purpose of instruction; and second, to those which are made in the course of original research. In regard to the former, it is made known that in some lecture halls of France and Germany, animals are sacrificed almost ruthlessly to illustrate points of very little consequence, and even that experiments involving pain are at times repeated when the facts they establish are well understood, and generally accepted. To our American mind this certainly appears a needless waste of life; but why, on account of this abuse of vivisection, deny its real use, and advance a sweeping opinion that the sacrifice of life for mere purpose of instruction is unwarranted by either necessity or result? The abuse, too, has rarely extended itself outside the countries named, and is

little applicable to our own. It became evident, during the controversy in England, that many of the highest authorities there among medical and scientific men were strongly opposed to any needless use of experiments in teaching, and disfavored altogether the repetition of painful experiments for class purposes.* It is believed the same feeling prevails here among medical men, and that needless vivisection for the illustration of unessential points is little likely to be practised in our medical colleges. There are, however, many important points in physiology wholly unknown to the general public, but grappled with yearly by students of medicine, which are better understood, and more certainly retained, after a single practical demonstration, than after hours of study, or the reading of volumes. Thus physiology is made a living science, and its teachings, sharply impressed, serve the physician through years of practical life. A living illustration of a vital point is known by every physician to possess a value which the public can little estimate.

The real necessity of vivisection is not so apparent, however, in its relation to teaching as in its connection with original research, and the progress of physiology, and here the popular judgment would be peculiarly embarrassed. It is only for those of education in medicine to estimate correctly the results of vivisection in the past, and to recognize the discoveries which could not have been made otherwise. It is hardly necessary to enumerate those of Galen, Harvey, Asseli, and Hunter, with many of more recent date; or to call attention to the knowledge thus gained in regard to the healing of wounds, the union of fractures, the reproduction of bone, the transfusion of blood, the mechanism of normal and pathological heart-sounds, and other processes and functions; or to allude to the introduction and perfection of important operations in surgery. The complaint may be made, that at present the importance of new knowledge acquired is hardly in proportion to the number of animals sacrificed for purposes of investigation; but it must be remembered that as any science is pushed onward, further advance becomes more and more difficult. Very certain it is that the hope of physiology for the future rests almost wholly upon practical research, and when vivisections are prohibited, advance virtually ceases.

A more fitting conclusion cannot be made than by translating the forcible words of a prominent French writer and physiologist: † "It is to experimentation that physiology is indebted for the immense progress which it has made of late years; and whatever the objections made to certain methods of experimentation,

* See "Report of the Royal Commission on the Practice of Subjecting Live Animals to Experiments for Scientific Purposes."

† H. Beaunis: Nouveaux Éléments de Physiologie Humaine, p. 42.

and in particular to vivisections, they have become a necessity which asserts itself to-day, just as the killing of animals is a necessity for the sustenance of man. Vivisections are as indispensable to the progress of physiology as autopsies are to the progress of medicine. One may proscribe and attack their abuse, but must permit their use, or all scientific research becomes impossible."

Personal and News Items.

Dr. Hering. — We are obliged to postpone our notice of Dr. Hering till next month.

Johnston's Fluid Beef we have found, by two years' experience in its use, to be superior to Liebig's extract, or Valentine's, in efficacy and flavor.

A Monument to Claude Bernard. — E. C. Seguin, M. D., of New York, has been appointed to solicit subscriptions in the United States. Those wishing to subscribe will please take notice, and govern themselves accordingly.

Removals. — Dr. A. E. Tuck, from Woburn to Holyoke. Dr. W. A. Bevin, to West Meriden, Conn. Dr. E. L. Styles, from Putnam to Rockville, Conn., having, on account of ill-health, sold his Putnam practice to Dr. G. L. Miller, of Monson.

Obituary — The following resolutions were unanimously adopted at a meeting of the homœopathic physicians of Boston and vicinity, held on Monday, July 26, 1880: —

Resolved, That in the death of Dr. Constantine Hering, of Philadelphia, the medical profession has met with an irreparable loss; that we recognize in him a man of unusual scientific attainments, accompanied with great power of original investigation, — one who devoted a long and busy life to the improvement of medical science, and who, by indomitable energy and industry in the advancement of homœopathy, has accomplished a work in this country and the world which shall ever redound to his honor.

Resolved, That we extend to his family and friends our heartfelt sympathy in the great loss they are called upon to bear.

I. T. TALBOT,
C. WESSELHOEFT,
J. B. BELL,
} *Committee.*

Fires in the Massachusetts Homœopathic Hospital. — On Sunday, Aug. 15, and Wednesday, Aug. 18, two most diabolical attempts were made to set fire to our hospital, when full of patients, attendants, etc. The dastardly perpetrator of the crime has not been discovered, although there is tolerably conclusive evidence that they were the work of an incendiary, and the theory of spontaneous combustion is altogether outside the bounds of probability. Had they not both occurred in the daytime, and had there not been a special fire-alarm box (643) on the building, very likely the hospital might have been entirely consumed, and many lives lost. As it was, the pecuniary damage was only about $200, and no one was injured except by fright. The engines were on the spot in wonderfully quick time, and the firemen deserve great credit for their efficient service and skill in removing the patients from the building. Thanks are due to the officials of the neighboring City Hospital for their kindness in offering every possible form of aid. There have been lately quite a number of incendiary fires in Boston, but for the hardened wretch who could deliberately burn a *hospital*, no punishment in the power of man to inflict could be too severe.

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THE BERRIDGE AFFAIR.

FROM various published reports of the appearance of Dr. Berridge before the American Institute at Milwaukee, as well as from statements regarding the same from different individuals who were present, we must consider the affair as very remarkable.

Our national society has before received visitors from abroad, always with gladness and marked courtesy; and the addresses delivered by them have been very pleasant and profitable.

At Milwaukee it appears that Dr. Berridge was, by unanimous vote, invited to a seat upon the platform, but that afterwards, when an effort was made to have him deliver an address at the close of part first of the report of the Bureau of Materia Medica, opposition was made, and it was voted to have Dr. Berridge come in advance of the Bureau.

It seems very strange that the friends of the visitor should have been so regardless of what was due to a Bureau, and to the papers it was bringing forward, as to thrust him before the Institute at that particular time; and it was not at all strange that the chairman of the Bureau, thus trespassed upon, should promptly and earnestly protest and call for fair dealing.

But the greatest excitement seems to have come from the character of the address itself. In our August issue we gave a brief report of the offensive passages, and of what followed.

The more carefully we reflect upon it, the more are we convinced that the Institute took the only action in this matter consistent with a proper self-respect. It is pleasant and desirable to show courtesy and hospitality to a physician who comes from another country, even though he come not as a delegate from any sisterly body, but merely in his private capacity; but forbearance ceases to be a virtue, when advantage is taken of this courtesy and hospitality to offer an indignity to those who show it. It is not strange, therefore, that after some of the most substantial members of the Institute, veterans and ex-presidents, had in words befitting the occasion resented the

open and covert assaults of Dr. Berridge, they should have been sustained by an almost unanimous vote.

OLD-SCHOOL AND NEW-SCHOOL THERAPEUTICS.

ALTHOUGH we are in the habit of congratulating ourselves of late years that the controversial stage of the existence of our school is happily passed, it cannot be reasonably asserted that nothing remains to be said on either side, or that physicians are not called upon to give a public account of such fundamental changes in opinion concerning therapeutics as are brought about in their minds by laborious research. Within the last twelve months several noteworthy essays have appeared from converts to homœopathy, showing that the old needs for discussion still exist, and that in spite of the general cry for liberty of thought and inquiry in medicine, men in leaving the old faith still feel that this is not accomplished except against great odds, or without a heavy sense of responsibility. In Germany Drs. Katsch, Mayntzer, and Schlegel have asserted the claims of homœopathy, in essays of marked ability, in the most advanced scientific spirit; while in this country, outside of the current polemics in our journals, we have, in addition to Dr. Jones's "Grounds of a Homœopath's Faith," now familiar to all, and an answer to it by Prof. Palmer, of the old-school faculty of Ann Arbor, a pamphlet by Dr. F. F. Moore, entitled "Old-School and New-School Therapeutics," to which we desire especially to draw the attention of our readers.

The essay appears to us to merit the careful reading of all interested in a proper understanding of the relative positions and aims of the two schools; as, without display of erudition, or dwelling upon side issues, it sums up in an uncommonly clear manner the differences between the contending parties, and demonstrates that the aim and direction of homœopathy is along that line admitted by both sides to be the only one on which therapeutics can be advanced towards perfection. At the same time it shows that in spite of its continued cry for logic, science, common-sense, etc., the old school still diverges from this line in all directions, without anything approaching to a fixed aim, principle, or even a general consensus. The line of argument is briefly this, that but little positive progress has been made in scientific therapeutics, in consequence, on the one hand, of an irrational scepticism resulting in the expectant method, so called, and on the other of the non-emancipation, in spite of this scepticism, from the thraldom of tradition, blind deference to authority, routine, etc.; that stable therapeutic methods are not to be founded on the collat-

eral sciences, chemistry, physics, physiology, or pathology, however useful these may be as adventitious aids in individual cases; that the subject-matter of therapeutical investigation must be the obvious phenomena, subjective and objective, presented by disease and drug action; and finally, that in order to establish therapeutics on a rational scientific basis, it is necessary to discover the law that governs the relationship undoubtedly existing between these two series of phenomena. All these propositions the author substantiates by quotations from the highest and most modern old-school authorities, whose voices are lost in the desert, and find no response except that thrown back by homœopathists, whose principles bring them into consonance with the logic of scientific data, research, and reflection.

All these arguments have been repeatedly set forth by other writers; and although they are for the most part lost upon those for whom they are intended, their reiteration is essential to the progress of reform, and they retain their vital interest from the fact that they remain as true and as applicable to-day as in the earliest days of homœopathy. Each new-comer, as he masters the situation, presents them in an original form, and insists more strongly on one or the other point, according to his own conception of the immediate needs of the times, or the professional surroundings he addresses. Dr. Moore justly conceives that the only methods by which therapeutics can be raised to the dignity of a science are those of induction and clinical experiment. He proceeds in a strictly objective manner to gather and discuss the most deliberate opinions of the recognized leaders and teachers of allopathy, concerning the needs of therapeutics, and to show from these that the most crying need is principle or law. Then he points out the only possible way by which such a law is to be found, and finally, that when found it can be no other than that of homœopathy. The elucidation of these points constitutes the historical and argumentative part, the first of the essay. In the second, he shows that he is not content with mere reasoning, logical and self-evident as it may be, but goes on at once to apply the rigidly scientific and practical test to his conclusions, by adducing from allopathic sources an array of unquestionable facts, which direct the inquirer from a hundred different points to the one central principle which connects them all, and gives them scientific coherence and practical value. This he does by citing in great profusion, but with much care and judgment, homœopathic cures not to be explained away by pseudo-scientific phrases, from a wide range of allopathic literature, thereby completing his argument in a manner that leaves nothing to be desired. It is impossible to read the pamphlet without seeing at once that it is inspired by that love and sympathy for the subject, without

which, as Carlyle says, no man ever learned to know a thing. However doubtful it may be whether or not the love of a thing, scientific or other, is detrimental to its just appreciation, it is certainly true that no man ever learns to know the thing he hates before investigation. The attitude of the old school towards our own gives ample proof of this. That neither one nor the other of these unscientific emotions was unduly present towards either side in our author's mind during his inquiries is made clear by the entire absence of all attempts at plausibility or speciousness in his reasoning, and furthermore, by the fact that the essay was prepared for and read before one of the most ultra-conservative allopathic medical societies of which New England can boast.

There is one point which, if time and space had permitted, we would have been glad to see the author enlarge upon somewhat more fully. We mean the nature of those laws to which a therapeutic one must of necessity belong.

This is a point concerning which the great majority of old-school doctors are shockingly at sea, and which, although it has been repeatedly agitated among ourselves, still remains unfortunately a matter of contention. We, however, have at least got so far as to recognize a law, and to make it our central point of union and of action, as we may reasonably do even without agreeing wholly as yet concerning its precise nature and the extent of its applicability. In the old school, with very few exceptions, they continue to deny — and this denial constitutes their most cherished argument against us — the possibility of the existence of any kind of law in therapeutics, blinded as they are by their crude empiricism, the expedients of their specialists, their surgical and mechanical tendencies, and their physiological and pathological speculations. If they could be brought to contemplate for a moment the great variety of the curative effects cited so lavishly by Dr. Moore, they could not fail to see that however much these differ in their origin, course, and nature, they yet possess in common one striking and peculiar feature, unexplained but undeniable ; viz., the rapid disappearance of the pathological phenomena on the exhibition of a drug of which the pathogenetic effects resemble in a striking degree the manifestations of the disease. It is this one prevailing feature in them all that not only indicates the law, but in fact constitutes the law, so far as we are able to see it. If it is borne in mind that the majority of all the laws appearing in the processes called vital differ widely from ordinances, divine or human, in that they are no more than *the expression of some uniformity constantly or frequently recurring under certain conditions,* and therefore neither universal in their application nor mandatory in the obligation they impose ; that for this reason the term *law*

applies to them only in a greatly modified and limited sense; and furthermore, that they are wholly unlike the more fixed and readily appreciable laws governing the comparatively simple physical processes and bodies of inorganic nature, it will not be difficult to reach a satisfactory conclusion with regard to this matter. If, by way of illustration, we administer drugs at the bedside, under certain conditions, say, according to our method, and find that recovery takes place more frequently and more speedily than if the cases were left to themselves or treated by other procedures, we infer the existence of a law of cure; but we can know little or nothing of the nature of its operation, for the reason that "little is known respecting the essential nature of vital processes, and that we are utterly powerless to penetrate into that region where the action and reaction between drug and disease actually takes place." Our exacting brethren of the old school, however, will have no law of any sort, and will see none anywhere except such as are to be brought into operation with the certainty of physical laws, where all the conditions are fixed or under control; while among ourselves there are, unfortunately, certain lawgivers who claim for our law an infallibility such as is never claimed for any other of its kind in all the domain of logic or the natural sciences.

We have dwelt upon this particular point, as it appears to us that the definition of our doctrine is essential to its defence, although for those who choose to see, the matter is made sufficiently clear by the course of Dr. Moore's argument.

GONORRHŒAL RHEUMATISM.

BY H. C. JESSEN, M. D., CHICAGO.

It is a well-known fact that during the course of a gonorrhœa, or when it apparently has been cured, the patient may be attacked by an affection similar to rheumatism. This new disease has been ascribed to the gonorrhœa, and termed "gonorrhœal rheumatism."

In regard to its causation, however, there have been very different opinions; for while some attribute it to the gonorrhœa, others consider the rheumatic affection occurring in this disease merely accidental, and still others claim that it may occur in any kind of sexual disease, while again others believe it possible in connection only with catarrhal affections of the urethra.

Ricord* and Fournier† may be considered as representatives

* Ph. Ricord: Traité pract. des malad. vénér., recherches crit. et expérim, etc.

† A. Fournier: L'Union Médicale, No. 9, Ed. 10, 1869; deuxième note sur la rheumatisme urethral, etc.

of the theory that the gonorrhœa is the cause of the rheumatism; Thiry,* in Brussels, that the co-occurrence of both diseases is accidental; and Lorain,† that rheumatism as well may occur from any other sexual disease as from gonorrhœa; while Fournier, notwithstanding the statements given above, is inclined to believe that any kind of urethral catarrh may give rise to rheumatic suffering.

In regard to the correctness of these different opinions it can be said, that if the fact that rheumatism often sets in in gonorrhœa were a mere accident, it could not be explained why it occurs so frequently as it does, and still less be understood how some persons, from preceding rheumatic pains, are able to know that they have become infected with gonorrhœa before there are any other signs of this disease. If, further, all kinds of sexual diseases may give rise to rheumatism, then the so-called gonorrhœal rheumatism ought to be much more frequent in women than in men, while we now see the contrary. The last opinion, according to which any urethral catarrh may be the cause of rheumatism, seems to be the best founded; for, in fact, rheumatic affections quite often appear after non-virulent irritation of the mucous membrane of the urethra.

We submit that the causation of the so-called gonorrhœal rheumatism is somewhat obscure, and that there is no explanation at all to give why the majority of gonorrhœal patients do escape the rheumatic suffering; and we add, that the opinion held by some that gonorrhœa is the prevailing cause of all rheumatism, is without any foundation at all. In 2,612 cases of gonorrhœa reported by Fournier,‡ there were only forty-one patients affected with rheumatism; or in other words, of sixty-two gonorrhœal patients, but one had rheumatism.

As a further characteristic of the so-called gonorrhœal rheumatism, we add, that a patient having had it with his first attack of gonorrhœa will, as a rule, get it by every following attack; but if he escapes the first time, he may too escape if he should become attacked with a later infection. As already mentioned, men are much more exposed to gonorrhœal affections than women.

In regard to the location of the disease under consideration, it presents itself decidedly as a favorite of the joints. The knee-joint is its most frequent abode, but also the joints of the hips, scapulæ, fingers, and toes may become affected; as a rule, however, but one of the larger joints is affected at a time. Fournier

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* See H. Zeisel, Lehrbuch der Syphilis, etc.

† See H. Zeisel, l. c.

‡ A. Fournier, l. c. In the statistics, there is a disagreement in the report and the conclusion drawn from it; it is likely a typographical error, and I presume it ought to be as here given.

and others claim that the muscles, and Peter* that the sciatic nerve† may be attacked; but if so, cases thereof are very rare, as Zeisel, with his great experience, says he has never seen any.

Of one hundred and nineteen cases of gonorrhœal rheumatism given by Fournier,‡ thirty-three were affections of the knee-joint. As a rule, but one knee becomes affected at a time, or one hip or ankle-joint, while more than one finger may become affected at once.

The time for its appearance is different. There are cases where the gonorrhœal rheumatism is the first manifestation of gonorrhœa; in others it appears contemporarily; in still others, later than the discharge; and finally, it may first come when the gonorrhœa seems to be cured. Fournier places the most common time of its occurrence between the sixth and the fifteenth days of the disease.

Zeisel§ reports a case of a man having ten times had gonorrhœa. This "expert" said, that when he had succeeded in curing the disease within a fortnight after the discharge had begun, the man would escape the rheumatism, but else, not. The attack of the latter affection was always very sudden, so that a joint which now was perfect in health, might some few hours later be the seat of the most excruciating pains.

Gonorrhœal rheumatism presents a great variety in its symptoms, course, duration, etc. The rheumatism may be preceded by no prodromatory symptoms, but there also may be considerable liver and other constitutional disturbances. There may be little local inflammation and pain, although considerable swelling; but there may also be excruciating pains, intense inflammation, heat, redness, and enormous swelling. The course may be short, or very protracted, and the termination may be in perfect health, or in the most serious affections and *sequelæ*.

"One of the most common forms assumed by this malady," says Keyes,‖ "is that of chronic hydrarthrosis, most often attacking the knee-joint. This form is generally mono-articular, and is apt to relapse in the same individual during different attacks of urethral inflammation. . . . Taking the knee as a type, in a case of hydrarthrosis, the serous effusion may come almost without pain, perhaps slowly, but sometimes very quickly. The patient finds that he has lost confidence in his knee; it seems unsteady, and perhaps hurts him in attempting to rise, or on going up-

* Peter, a French physician; *vid.* Zeisel, l. c.

† According to Cloguet, the hip-joint is the most frequent location of gonorrhœal rheumatism. See "British Medical Journal," page 382, April 6, 1867.

‡ A. Fournier, l. c.

§ H. Zeisel, l. c.

‖ E. L. Keyes: The Venereal Diseases, etc.

stairs. With this he is apt to have other unimportant pains in different parts of the body. He now examines his knee to find what is wrong, and is astonished to find his joint distended in an oval way, manifestly filled with fluid."

The knee here often assumes a considerable size, and by a correct manipulation the containing fluid can be made to fluctuate, the patella brought out of its position and moved in various directions. In spite of the enormous swelling, and the fact that it sometimes sets in with fever, there is, as a rule, no pain nor redness nor induration. Only in the minority of cases the neighboring tissues become œdematous, when there ensues redness of the skin and rising of the temperature.

Another form of gonorrhœal rheumatism may be termed the poly-articular variety, and is quite common. The affection is very similar to chronic gout, and decidedly chronic in its course. The urine usually contains no urates, or, at least, much less than in ordinary rheumatism, and there is also little or no perspiration.

In this form of gonorrhœal rheumatism the periosteal and fibrous tissues seem to be involved, especially when the fingers and toes are the seat of the affection. The joints become swollen as in certain forms of rheumatic gout, to which it has a striking similarity. There are deposits around the joints in both diseases, but in gonorrhœal rheumatism these fortunately are often reabsorbed. The reabsorption, however, may not be complete, distortions of the joints being left behind, and the disease may even, although very seldom, terminate in anchylosis.

Still another form of the disease under consideration is a rheumatism manifested by pain in and an inflammatory condition of the muscles, tendons, sheaths of tendons, bursæ, and nerves. The pains are sometimes very acute, and as a rule, aggravate at night. The affected parts are extremely sensitive to touch and movement, and the disease is very protracted in its course, and greatly inclined to relapses.

The diagnosis of gonorrhœal rheumatism is difficult. If the specific cause is concealed, it may often be impossible to decide between this and ordinary rheumatism. If there is no visible symptom of gonorrhœa, and a preceding gonorrhœa is denied, then the most important points of difference may be, that in gonorrhœal rheumatism the affection does not change location; that there are little or no urates in the urine, and little or no perspiration The knee-joint is a favorite location; the effusion, as a rule, is larger, usually setting in with less acuteness and less intense pain.

The prognosis, in general, is favorable. The course may be chronic and the duration protracted, but in the majority of cases the disease disappears without any *sequelæ*. To this may be

added, that gonorrhœal rheumatism, as a rule, has no dangerous complications, as the other variety often has; for example, affections of the heart and its appendages. Suppuration may sometimes take place, and so may even anchylosis, but the first seldom follows, and the last is a very rare occurrence. The affection of the knee is the most obstinate and dangerous trouble, as it is the most common; and while the fingers, for example, usually get cured in a short time, the knee-joint may be affected very long, and cases are on record where amputation has been the last resort.* A very unfortunate circumstance is a scrofulous or tubercular diathesis, for it is sufficiently proved† that gonorrhœal rheumatism hastens the development and progress of pulmonary tuberculosis; and it has further been proved that the diatheses mentioned act unfavorably upon the development of the local affection, causing the pus to take pyæmic character, and thus giving rise to the most dangerous conditions.

IRRITABLE ULCER OF THE RECTUM.

BY S. J. DONALDSON, M. D., PORTSMOUTH, N. H.

MRS. P——, aged thirty-three years, informed me, on Jan. 20, that she had for seven years suffered great pain in her rectum and bowels, which usually came on about half an hour after defecation, increasing for two hours, then gradually decreasing, and leaving her weak and trembling after about four hours' duration. She described it as intense, of a burning, clutching, or spasmodic character, causing her to toss and moan on her couch, bathed in perspiration. She was always constipated, having taken much physic. It made but little difference whether the fæces were soft or solid. She complained of a constant weight and burning in the rectum, of a broken feeling in the back, sharp, darting pains through the perinæum and vagina, and a griping, faint sensation in the hypogastrium.

On examination I found that she had severe vaginismus. Surrounding the anus were a number of bunches of hypertrophied skin, which had been treated as hemorrhoids. On Jan. 23, Dr. Grand assisting me, after an anæsthetic had been administered, the speculum revealed an elliptiform ulcer, about three fourths of an inch in length, situated in the posterior median line of the rectum, beginning just within the margin of the anus and extending upwards. It had a grayish base, and well-defined ser-

* Prichard. See "British Medical Journal," 1868. In this case there was found necrosis of the articular cartilage, etc.

† H. Zeisel: Lehrbuch der Syphilis, etc, I. Band, p. 143.

rated edges, which were surmounted by quite a number of prominent papillæ. The mucous membrane surrounding was livid, and highly injected.

With curved uterine scissors I snipped off the papillæ, and then with a bistoury made a free incision, beginning half an inch above the ulcer, and extending through the middle of it to half an inch below. The edge of the bistoury was directed a little to one side, so as completely to divide both sphincters. The diseased surface was then touched with acid nitrate of mercury, and a tampon of cotton saturated with cosmoline inserted. Little pain followed the operation, and the hemorrhage was slight. In two days the bowels moved, causing little discomfort. A suppository of hydrastin was used at night. In two weeks all tenderness had disappeared, the bowels moved each day painlessly, and the patient gained rapidly in flesh. The vaginismus gradually subsided.

It might be well to state that in operations on the rectum chloroform and nitrous oxide gas are useless, while sulphuric ether completely relaxes the sphincters. I have treated several cases of irritable ulcer as above, and all successfully.

GRAPHITES, PULSATILLA, AND SILICEA COMPARED.

BY H. M. HUNTER, M. D., OF LOWELL, MASS.

(*Read before the Essex County Homœopathic Medical Society.*)

FAMILY RESEMBLANCES.—Anxious, changeable, wavering mood; aversion to work; vertigo, with cloudiness; a kind of intoxication in the morning; sense of fulness or emptiness in the head; drowsiness in the daytime; single acute deep shocks in the right half of the brain; red papular eruptions, resembling flea-bites, on the face and over the whole body; catarrhal engorgements of the air-passages; wandering pains; pains in the parts upon which one is lying; sweat at night having the smell of urine.

Nearly all the complaints for which these remedies are applicable are attended with chilliness.

Graphites. — Grief about smallest affairs, even to despair.

Silicea. — He feels a most violent compunction of conscience about trifles, as if he had committed the greatest wrong.

Pulsatilla is undoubtedly the most lachrymose remedy in the materia medica; it enters the race of tears to win; though *Graphites* and *Silicea* are close competitors, and *Ignatia* is the real "bridge of sighs."

The *Pulsatilla* patient despairs of his salvation, and prays continually.

The *Graphites* patient is slow to recollect or to resolve upon anything.

The *Pulsatilla* patient is full of care about domestic affairs.

The *Silicea* patient is frequently attacked with impatience and restlessness.

Graphites. — Absence of mind, continued forgetfulness.

Pulsatilla. — Head is full of ideas, but they change.

Silicea. — Fixed ideas; thinks of sharp-pointed instruments, as forks and needles; she dreads them while looking for them, and still they have such a fascination for her that she cannot keep them out of her mind, and counts them over and over.

Graphites. — Dry and hacking cough, which wakes one at night.

Pulsatilla. — Loose cough; spasmodic whooping-cough, which occurs in two consecutive coughs. (*Mercurius* has two paroxysms of coughing.) Dry night cough, continuous cough in the evening after lying down.

Silicea has suffocative night cough, soreness of the chest from the dry and hacking cough.

Graphites has violent asthma, as if one would suffocate when walking in the open air.

Pulsatilla asthma is aggravated by exercise, and by ascending an eminence; asthma brought on by irritating parts not connected with the air-passages.

I once had a patient who would have most violent attacks of asthma every Monday, from having his head combed and scratched on Sunday.

Silicea has shortness of breath when performing some manual labor, or when walking fast.

Graphites. — Nightly desire to urinate; wetting the bed.

Pulsatilla. — Frequent desire to urinate, with drawing in of abdomen, especially of pregnant women; nocturnal eneuresis.

Silicea. — Micturition almost every night. Little weasel-faced, big-bellied, bow-legged, flaxen-haired children, who are troubled with worms, and wet the bed and everything else every night.

Graphites has burning on the top of the head at a small spot, similar to sulphur; and like sulphur, the patient dreads the contact of water, and dislikes to be washed; and, as all the excretions from the skin are sticky, like glue, the child is always dirty, and looks filthy. His face, about the mouth and chin, and behind the ears, is covered with an eczema which exudes a sticky secretion, which, drying, forms thick, dirty-looking scabs, which, being removed, reveal an excoriated-looking surface covered with the same sticky secretion, which dries and forms a new crop of scabs. This eczema has a tendency to spread.

Pulsatilla has perspiration mostly about the head, and a papular eruption about the forehead and face, resembling measles,

especially after eating fat pork or poultry. It promotes the eruption of measles, but *Silicea* is preferable if the affection is attended with much thirst.

Silicea has general nightly perspiration; nightly sweat about the head and chest; fetid sweat about the feet; profuse sweat upon the soles and between the toes; clammy, sticky sweat on the palms of the hands and soles of the feet.

The eruptions of *Silicea* resemble measles; ulcers of this remedy penetrate to the bone, are open with callous edges, and not disposed to heal.

Graphites.— One chooses wrong words in speaking and writing.

Pulsatilla has great trouble in finding the proper expression when talking.

Silicea is liable to use wrong expressions while talking.

Graphites has wildness and confusion of the head.

The *Pulsatilla* patient is unable to divert his mind from an idea; repeats over and over some phrase or sentence, or line or verse of poetry, from morning till night.

Silicea is almost always in two different places at the same time, in his mind. The man carries his hat in his hand because the pressure causes his head to ache, yet he wraps his head up close and warm to relieve the pain.

Graphites has constipation, and the menstrual flow is delayed for several days; the stool is very large and hard, and connected together or enveloped in shreds of membrane. Stools soft, thin, tape-shaped, incomplete, and frequent.

Silicea. — Constipation; the stool comes down with great difficulty; passes a little way out of the anus, and then slips back as if there were not power enough to expel it; even the soft stool is expelled with a great deal of difficulty.

Pulsatilla has frequent soft stools mixed with mucus; bilious diarrhœa without pain, stools consisting of whitish substances; menses preceded by diarrhœa.

A LETTER FROM PARIS.

BY H. C. ANGELL, M. D.

PARIS is said to be deserted by the French during this month, but we find no perceptible lessening of the crowds that throng the Boulevards, the shops, the cafés, and the hotels. English and American visitors are here in force, bringing their native tongue with them, and one has only to shut his eyes and he is, in effect, in London or Boston at once.

There is little or nothing doing now at the hospital cliniques.

The professors are away on their summer vacations, and the patients appear to be taking their rest and recreation at the same time.

In London, however, a little earlier in the season, I found the surgeons still at work. Bowman and Critchett are no longer to be met at the Royal Ophthalmic Hospital, in Moorfields, but one finds Lawson and Cowper and Streatfield and others.

In the case of a young man of twenty-two, with congenital paralysis of rectus ext., the surgeon simply cut the rectus int. through its belly to cripple it; there was nothing left of the externus to cut and bring forward. It appeared to do very little good.

In another case, an external squint, the external rectus was divided sub-conjunctivally, with almost no effect, the surgeon remarking that it was about what he expected. It was certainly what I expected. He would have done better with the Graefe operation, opening the conjunctiva freely. Operations for internal squint, however, after the sub-conjunctival method, did better. But I see no conclusive reasons for abandoning the Graefe method as yet. A stitch in the wound mends the conjunctiva effectually.

I saw here a new operation for the cure of the turning inward of the lashes of the upper lid. The lid is reversed over a spatula, and a canal cut along the edge of the tarsus, just behind the roots of the cilia. Nothing is taken away, but the canal must be deep, dividing everything up to the outer skin of the lid. The canal fills with blood, and a kind of organized wedge is formed that tilts the edge of the lid and the cilia outward, away from the eyeball.

The operation for cataract here is essentially Von Graefe's, though the incision is chiefly within the corneal tissue, *i. e.*, it begins and ends at the corneal edge. The bandage used covers both eyes of the patient, passing back to the ears, beyond which it ends in two tapes on each side, that pass, one above and one below the ear, and tie behind the head. Both eyes are well covered with cotton batting before applying the bandage. The anæsthetic used at Moorfields is a mixture of sulphuric ether and chloroform. It is certainly more easily and quickly administered than ether alone, and they regard it here as equally harmless.

It may interest some of your readers, who fancy themselves poorly paid for their valuable services, to learn that in this quarter of the globe there are those who complain also of insufficient renumeration, and perhaps with greater justice. In the valley of the Moselle, below Treves, Germany, in the villages of Traben and Trarbach, that lie opposite each other on the river,

are located two excellent physicians. The two villages contain, together, about three thousand people. We spent a week at Traben, and I learned something of the physicians and their business. They divide their patrons usually into three classes, so far as fees are concerned. For a visit to the patient's house of the first class, the charge is one mark and a half. A mark is twenty-five cents of our money. The second class pay one mark, and the third class pay three quarters of a mark per visit. In case of a visit to a neighboring village, the charge is about one mark for each mile of distance travelled.

RULES FOR SENDING CONSUMPTIVES TO TRAVEL.

THE following rules are those laid down by Dr. James Edward Pollock in a recent lecture: —

1. Never permit any patient to travel who is not in the quiescent stage of disease, or who, in other words, is feverish, with high evening temperature, and the physical signs and conditions already described to you, indicating the continuous form of phthisis. Observe this rule, and you will be successful; break it, and your patient and his friends will not thank you.

2. None of the secondary complications should be present; as, continuous or frequent diarrhœa, serious gastric disorder, or laryngeal irritation.

3. Chronic single cavity, with retraction of walls, accomplished or proceeding, is favorable for removal to a dry, bracing locality, if the hæmoptysical element is wanting in the case.

4. That form of disease described as diffused deposit in one lung, without much dulness or signs of massing of disease, with pretty large chest, and with more moderate emaciation, generally does well on a sea voyage.

5. A first-stage case, already chronic, does best for travelling about, with frequent change of residence. The complication with bronchitis or asthma is generally much benefited by change.

6. Persons ought not to travel at all with feverish symptoms, with secondary complications, with a large amount of local disease in any stage; with both lungs diseased, with poor digestion and greatly lowered nutrition; or in such a state of weakness or emaciation as to require home comforts, peculiar beds or chairs, or varieties of invalid cookery. — *Medical and Surgical Reporter.*

THE CLIMATE OF FLORIDA: A REPLY TO DR. GATCHELL.

BY H. R. STOUT, M. D., JACKSONVILLE, FLA.

IN the GAZETTE for September and November, 1879, are articles by Dr. H. P. Gatchell on the "Climatology of Consumption" and "Northeast Georgia as a Health Resort." While admitting that the doctor is competent authority in most questions of climatology, yet in these articles he makes statements regarding Florida which are certainly far from being correct, and indicate a want of *personal* knowledge which is at least open to criticism. He regards it as "among the curiosities of medical literature" that Florida should ever have been recommended as a sanitarium. Were he to visit the State, and interview the hundreds, and I may say the thousands living here, who have been restored to health and usefulness by this delightful climate, he would not, I think, regard it as very much of a curiosity after all. I could, without much difficulty, introduce him to any number of persons in apparent good health, whose cases before coming were pronounced to be phthisis by the most eminent physicians of the country, and who have recovered by a permanent residence here; so that it is hardly safe for the doctor to suspect that these improved cases are rather bronchitis than consumption.

Regarding the supposed great humidity of the climate, he states that it is necessary to dig but twelve or fifteen inches to find water, or, as a gentleman rather flippantly remarked, "one has only to kick against the ground to have the indentation fill with water." It might be a pertinent question to ask the doctor if he ever dug or kicked a hole in Florida soil, to prove his assertion. To my knowledge he has never been in the State. I had occasion to sink a well on a piece of land, within a few rods of a large stream, and had to go to the depth of fifteen feet before finding water, and the land is flat, pine land. Farmers and market gardeners complain that the soil is too dry. During the past winter the city of Jacksonville has been furnished with water-works, and a complete system of sewerage. The excavations necessary for the laying of the pipes were carried to a depth of from two feet (along the river, in made land, once a marsh) to fifteen feet, and water was not encountered in sufficient quantity to impede operations. Furthermore, the contractor informed me that not one of his men had any sickness as the result of working in these trenches, and that, too, during an unusually warm winter. The United States Signal Office at this station gives 69 as the mean relative humidity. In order to compare this humidity with other portions of the country, I will repeat the table given by Dr. Gatchel, with the addition of Jacksonville, for

he evidently considers Florida too moist and unpleasant to be considered at all: —

Atlas Peak, Cal.	40	Wilmington, N. C.	56
Atlanta, Ga.	56	Blake's, Cal.	57
Charleston, S. C.	65	New York, N. Y.	67
St. Paul, Minn.	68	Santa Barbara, Cal.	69
St. Louis, Mo.	69	San Diego, Cal.	72
San Francisco, Cal.	73	London, England	80
New Orleans, La.	83	Jacksonville, Fla.	69

It will be seen from the above, that the mean humidity of Jacksonville is about the same as St. Paul, Minn., which is considered to be a dry climate. The doctor considers it questionable whether a degree of humidity below 50 is desirable. It seems to me a nice question to decide, as to what number of degrees above 50 the humidity of the atmosphere becomes injurious or beneficial. Some constitutions undoubtedly require more moisture than others. A phthisical lady, from Minnesota, under my care last winter, was always better on a damp, rainy day. Might not this be explained by the division of the constitutions by Grauvogl into the oxygenoid, carbo-nitrogenoid, and the hydrogenoid? I am of the opinion that, in time, climatology will become so exact a science that we can prescribe the climate suitable for our patients, with the same confidence that we do our remedies.

As to the prevalence of malaria, I can assert, after an active practice here of five years, that if it does prevail during the winter months it must be of a wonderfully *innocuous* character, for I never have malarial diseases to treat during that season. During the summer months it cannot be very destructive, for the death rate in this city is only about ten to the one thousand per annum, and, according to the report of the National Board of Health, this city in 1879 ranked second in point of health in the United States.

In order to get more conclusive evidence as to the beneficial effects of this climate in consumption, and as to its prevalence among the natives of Florida, I addressed notes of inquiry to a number of physicians who had been in active practice here from five to forty years, and received the following among the answers:

C. F. Kenworthy, M. D., F. R. S. V.

"Your favor of yesterday came to hand, requesting my views regarding the influence of this climate in the causation and cure of pulmonary diseases. I have visited many portions of this State, and have made it a rule to institute inquiries regarding the effects of the climate of this State on persons who have suffered from pulmonary diseases in the past. I have met a number of

persons who have removed from Northern and Western States after suffering from what they call consumption-cough, purulent expectoration, hectic, night-sweats, emaciation, and hæmoptysis. The parties referred to have been residents of the State from five to thirty-five years, and, when interviewed, were apparently in the enjoyment of excellent health. My wife suffered from tuberculosis of the upper lobe of the left lung, accompanied by frequent attacks of hæmoptysis. To benefit her health, I removed to this city five years ago, and to-day she is in perfect health, and weighs 135 pounds.

"No climate will cure phthisis in its last stages, and many persons so affected are injured by railroad and steamship travel *en route* to this State I have no hesitation in stating it as my professional opinion, that the climate of Florida will accomplish more for persons suffering from incipient tuberculosis, sclerosis pulmonum, asthma, and chronic bronchitis, than any portion of the United States, or sanitary resort of the Mediterranean. As you are aware, my observations have extended over a large portion of the State, and I positively assert that unless among the colored people, whose constitutions have been impaired by syphilis, deficiency of food, injudicious treatment andexposure, phthisis pulmonalis is almost unknown as a disease occurring among the residents of this State."

A. J. Wakefield, M. D.

"In reply to yours, I can only say as to your first interrogatory, that I have found the climate of Florida very, and almost universally beneficial in the incipient stages of consumption; and, with proper care and surroundings, curative and ameliorating in most cases, if not advanced in the disease. As to cases occurring among the natives, either white or black, I have seen but very few during nearly twenty years' practice in this country."

A. S. Baldwin, M. D.

"I have your note of inquiry as to my opinion of the effects of our climate upon consumption, and its prevalence in Florida among natives of the State. . . . That the climate of Florida can benefit pulmonary patients I can have no doubt, provided they can spend much of their time in the out-of-door pure air, with suitable exercise, and cheerful surroundings . . . I have had the opportunity to test the beneficial influence of climate here upon many cases of the disease. The physical signs, and attendant general improvement in health, have often given unmistakable evidence of restoration of constitutional vigor, and the eradica-

tion of the disease, and even the tendency to it as well, so that after departure to Northern climates people have been enabled to endure exposure that could not be borne before ; yet the experiment often rendered it necessary to return, and sometimes at too late a period to be beneficial. A permanent residence here is the safest practice, if hereditary tendency is to be overcome, so as not to be transmitted to posterity."

This correspondent holds that most of the cases of phthisis occurring among natives have been apparently of contagious origin, as among nurses and attendants upon those suffering from consumption, and especially among negro women who followed the business of nursing invalids. His own health apparently declined from frequent attendance upon invalids, so that he avoided the practice as much as possible.

F. D. Fernandez, M. D.

" In a general way I will state that I have always found that consumptives in the incipient stage have been benefited, and some few, even when abscesses have formed, materially helped. Among the natives the disease is rare, affecting blacks more than whites."

This list of quotations might be indefinitely extended, but the foregoing will give a fair idea of the opinion of all physicians practising in this State.

It is not only in diseases of the respiratory organs that benefit is experienced, but also very marked relief in diseases of the kidneys, and organic disease of the heart.

Dr. Gatchell asserts, with axiomatic directness, that " while Northern consumptives are thronging to these lowlands, native consumptives resort to the highlands for relief."

Inasmuch as it is customary to prescribe change of climate for this disease, I would ask, Where would the unfortunate consumptive from " the hot, humid air of the lowlands of the South " resort for a change of climate, if it were not to the highlands ? I fail to see the force of that as an argument against the climate of Florida.

As to the prevalence of unsound livers among the residents of this State, it is not surprising if that should be the case, for I never encountered people so inbued with the notion that their livers must be " punched up " every week or so with a dose of calomel, or podophyllin pills, or liver regulator, as they are here. It will be found, however, that those employing homœopathic treatment entirely, are not so troubled. While residing in Chicago for many years, I was subject to frequent " bilious " attacks; since removal to this State I have been entirely free from them. How will the doctor account for that ?

CONSTANTINE HERING.

SUDDENLY, at half past ten o'clock, on the evening of July 23, Dr. Constantine Hering departed this life in the eighty-first year of his age. During the past decade the doctor has at times suffered quite severely from asthma, though for several years past the attacks have been less severe, so that he has been enabled to attend almost daily upon a large circle of patients. Having spent the early part of the evening of his decease with his family, he retired to his study shortly after eight o'clock, seemingly stronger and more cheery than for some weeks past. Just before ten o'clock he rang for his wife, who, immediately answering, found him suffering from extreme dyspnœa, but perfectly rational. He asked for his old friend and physician, Dr. Charles G. Raue, who was immediately sent for; at the same time, Dr. A. W. Koch also, an old and esteemed friend and neighbor, was summoned: but before help could be offered the spirit had departed. Not unexpected, nor yet unprepared for, was the call. To one in attendance he remarked, "Now I am dying." Many times during previous illness did his friends despair of his life, but *he* felt his time had not yet come. Now he knew that a change was indeed coming. That undaunted spirit, which for more than fourscore years animated the living clay, was about to leave its abode for realms above. Thus departed one to whom homœopathy in America — yea, in the whole world — will ever remain a debtor.

Though called in the ripeness of old age, his death, nevertheless, falls like a heavy pall over the entire profession. We have been called to mourn the departure of others whose names we must ever revere; but with the death of Hering is broken a connecting link which bound the present to the past, the established triumphant homœopathy of our own day to the early struggles and sacrifices of its pioneers.

East, West, North, and South, Europe and America, have among their busy practitioners many who look toward the home of this truly great man as toward the home of a father. Hundreds have shared with him of the wondrous store of knowledge which he possessed. Many came; none were sent empty away. Their capacity to receive, rather than his willingness to give, limited the amount bestowed. Blessings will ever attend his name.

Constantine Hering was born at Oschatz, Saxony, on Jan. 1, 1800. From earliest childhood he evinced an extreme desire to investigate all things. Apt as a scholar, he soon mastered the preliminary studies, and was prepared at an early age to enter the Classical School at Zittau. Here he continued his studies

from 1811 to 1817. Even thus early in life he evinced an aptness for study and an accumulation of knowledge far beyond his years. Besides his familiarity with the classics, his proficiency in mathematics was truly surprising. While thus employed his mind was turned toward medicine, and when opportunity offered, he pursued his studies in that direction, first at the Surgical Academy of Dresden, and later at the University of Leipzig. In the latter institution he was a pupil of the eminent surgeon, Robbi.

About this time his preceptor was requested to write an article against homœopathy, — one which might prove its death-blow. Dr. Robbi declined for want of time, but recommended his young assistant, Hering, who, quite pleased with this mark of confidence, began the work; but meeting much in the writings of Hahnemann which was new to him, and finally reading the expression, "*Machts nach, aber machts recht nach*," he determined on personal investigation in order that he might the more positively refute the points which Hahnemann had set before the profession.

Calling upon an acquaintance, a druggist of Leipzig, for some Cinchona, he was met by the friendly inquiry, "For what do you want it?" To this he answered, For the purpose of proving it, in order the more thoroughly to attack the new folly. To this the druggist replied, "Let it alone, Hering; you are stepping on dangerous ground." Hering's answer was that he feared not the truth. And the result was, the pamphlet was not written, and homœopathy gained an able champion.

Subsequently, while still pursuing his medical studies, Hering received a dissecting-wound, which, under the treatment of his teachers, reached such a degree of severity that amputation of the hand was advised. At the suggestion of a friend who was a student of Hahnemann's, the efficacy of the potentized drug was tried, the result being a complete cure of the wound and a thorough conversion of Hering. So thoroughly was he convinced that the law of cure had indeed been discovered, that he staked thereon even his success at the University. His inaugural thesis, "*De Medicina Futura*," contained a forcible and unflinching defence of the law of cure. He completed his medical studies, and received the degree of Doctor of Medicine from the University of Wurzburg, March 23, 1826. Soon after his graduation he was appointed by the king of Saxony to accompany the Saxon legation to Dutch Guiana, there to make scientific research and prepare a zoölogical collection for his government. He continued in this capacity for some years, but his love for the new truth which he had learned impelled him to further study, and finally to the practice of medicine according to Hahnemann's doctrines. Such was his success that he gained great favor with

the governor of the province, whose daughter he cured of an affection which the resident physicians had declared incurable.

During his residence at Surinam he was an occasional contributor to the "Homœopathic Archives," for which journal he had written as early as 1825, while still a student of medicine. The court physician, learning of this, wrought upon the king sufficiently to cause a notice to be sent Hering, directing him to attend to the duties of his appointment, and let medical matters alone.

His independent nature rebelled at such intolerance, and led him promptly to resign his appointment. Dr. George H. Bute, formerly a Moravian missionary at Surinam, and a pupil of Hering, had settled in Philadelphia, and was engaged in the practice of homœopathy. Dr. Hering continued in practice at Paramaribo for a short time after his resignation. Learning, however, from Dr. Bute that Philadelphia offered a good field, Hering left Paramaribo, and landed at Philadelphia, January, 1833. Here he remained for a short season, when he was induced by Dr. W. Wesselhoeft to assist in the establishment of a homœopathic school at Allentown, — the North American Academy of the Homœopathic Healing Art. He labored in this field until financial embarrassments necessitated the abandonment of the institution.

This led to his return to Philadelphia, where he engaged in practice with Dr. Bute, locating on Vine Street, below Fourth. Here he soon acquired a large and lucrative practice. The wide scope of his education naturally offered a ready introduction to scientific and literary circles, while the active interest which he took in our republican form of government led to an acquaintance with many persons of political prominence. Among these may be mentioned Henry Clay, who, as a patient and friend, highly appreciated the services rendered by Dr. Hering, as witness the following extract from a letter dated Dec. 14, 1849: —

"Your liberal kindness toward me would not allow you to indulge me in the gratification of testifying my gratitude to you for the successful exercise of your professional skill on me, on two distinct occasions, by the customary compensation; but you cannot prevent the expression of my great obligation to you for the benefit I derived from your obliging prescriptions. I thank you for them most cordially . . . With great regard, I am your friend and obedient servant,

"H. Clay."

Agassiz, Carey, and a host of others, distinguished in politics, art, and science, were among his friends.

Always a student, endowed with indomitable will and untiring industry, he seemed to infuse every one with whom he came in contact with the spirit of work. "Change of occupation is rest," was his oft-repeated expression.

Though conducting a large practice, he found time to write much, and to superintend the work of many younger and less experienced. His Saturday-night meetings, held for the instruction of students and young practitioners, were prized as a boon. Here he imparted golden truths, reaped from fields of ripe experience such as but few have enjoyed.

Among the remedies which he proved prior to his departure with the Saxon legation may be mentioned Mezereum, Sabadilla, Sabina, Colchicum, Plumbum aceticum, Paris quadrifolia, Cantharis, Iodium; also fragmentary provings of Antimonium tartaricum, Argentum metallicum, Aristolochia, Clematis erecta, Belladonna, Caltha palustris, Demantium, Geum rivale, Nostoc, Opium, Ruta, Tanacetum, and Viola tricolor.

During his residence in South America his observations and provings embraced Lachesis, Theridion, Curassivicum, Askalabotes, Caladium seguinum, Jamboo, Jatropha, Solanum mammosum, Spigelia, Vanilla, Alumina, Phosphoric acid, and Psorinum.

After his arrival at Philadelphia we find him again employed in like work, either proving or superintending the provings of Mephitis, Ictodes fœtida, Crotalus, Hydrophobinum, Brucea, Calcarea phosph. (both acid and basic), Hippomanes, Castor equorum, Kalmia, Nicandra, Viburnum, Phytolacca, Gelsemium, Gymnocladus, Chlorine, Bromium, Fluoric acid, Ferrum met., Kobalt, Niccolum, Oxalic acid, Oxygen, Ozone, Thallium, Tellurium, Palladium, Platinum, Osmium, Lithium, Glonoine, Apis, Cepa, Aloes, Millefolium, Baryta carb., Nux moschata, and Formica.

Among his other works may be mentioned: —

Rise and Progress of Homœopathy; a pamphlet, Philadelphia, 1834, afterwards translated into the Dutch and Swedish languages.

Necessity and Benefits of Homœopathy; a pamphlet, 1835.

Domestic Physician, published in 1835. This work passed through fourteen editions in America, two in England, and thirteen in Germany, and has also been translated into the French, Spanish, Italian, Danish, Hungarian, Russian, and Swedish languages.

The Effects of Snake Poison, 1837.

Homœopathic Hatchels, 1845.

Proposals to kill Homœopathy; a satire, 1846.

Suggestions for the Provings of Drugs, 1853.

Amerikanische Arzneiprüfungen, 1853–57.

Translation of Gross's *Comparative Materia Medica*, 1866.

Analytical Therapeutics, the first volume only issued, 1875.

Condensed Materia Medica, two editions, 1877–79.

Guiding Symptoms, the third volume of which he completed just prior to his death.*

In addition to these may be mentioned his editorial work connected with the *Homœopathic News*, 1854, and the *American Journal of Homœopathic Materia Medica*, 1867–71, besides many miscellaneous writings scattered through the various journals of our school. It may further be added that he assisted in the translation of Jahr's *Manual*, Allentown Edition, 1838.

Dr. Hering was a member of the Academy of Natural Sciences of Philadelphia, to which institution he presented his large zoölogical collection. He was one of the founders of the American Institute of Homœopathy, and for many years continued in active relationship with it, as well as with the State and county societies. He was one of the originators of the American Provers' Union, instituted Aug. 10, 1853. He was also one of the founders and a member of the first faculty of the Homœopathic Medical College of Pennsylvania, continuing in this relationship at intervals until 1867, when he assisted in founding the Hahnemann Medical College of Philadelphia, in which he held the Chair of Institutes and Materia Medica, being Emeritus of the same at the time of his death.

It would be difficult to give a proper estimate of Dr. Hering's character, and of his influence upon medical science. His acts are matters of medical history, and the impress of his thought is already made, deep in the medical practice of our age. It is not possible that the memory of his career is one which posterity will willingly let die; for the coming ages, even more than the present, will learn to depend upon LAW as the great governing factor in the production of the facts of natural science, therapeutics included. And so, as homœopathy must become more and more the one only acknowledged therapeutic principle, the brightest names that posterity will cherish will be those who have done so much to establish it among men, while among the most brilliant of them all will stand the name of — HERING.

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MAINE HOMŒOPATHIC MEDICAL SOCIETY.

REPORTED BY W. F. SHEPARD, M. D., SECRETARY.

THE fourteenth annual session was held at Augusta, on June 1. The president, Dr. C. M. Foss, being absent, the meeting

* The amount of material collected by Dr. Hering, from which his *Analytical Therapeutics* and *Guiding Symptoms* are compiled, is truly marvellous. It is probably the most complete Materia-Medica collection extant.

was called to order by Dr. T. M. Dilliingham. Rev. Mr. Ecob, of Augusta, opened the exercises with prayer. On calling the membership roll, a goodly number of physicians was found to be present. That portion only of the secretary's report which related to unfinished business was read.

Dr. Lyford, of Farmington, was called upon to report concerning a case of hydrophobia which had elicited considerable discussion at last year's session, some members maintaining that it could only be an aggravated case of hysteria. Dr. Lyford said it had proved to be a genuine case (when first reported it was under treatment), and that another person had been inoculated from it. Dr. Bell saw the last patient with Dr. Lyford, and pronounced it an undoubted case of hydrophobia. They were cured principally with *Bellad.* in high attenuations.

The treasurer, Dr. L. H. Kimball, then presented his annual report, showing a balance in the treasury of $340.39.

The Board of Censors reported favorably upon the following applicants, and they were elected to membership: J. T. G. Emery, M. D., of So. Waterboro'; T. C. Turner, M. D., of Norway; W. S. Howe, M. D., of Pittsfield; Byron P. Dexter,* M. D., of Newport; W. E. Harvey, M. D., of No. Anson; W. C. Stilson, M. D., of Bucksport; W. B. Whiting, M. D., of Biddeford; W. T. Laird, M. D., then of Watertown, N. Y., now of Augusta.

The motion was made, discussed, and accepted, that the Committee on Legislation confer with a similar committee of the old school, in regard to the establishment of a State Board of Health, if in their judgment they deem it wise and advantageous.

S. Sylvester, M. D., from the Bureau of Materia Medica, read a paper prepared by E. Clark, M. D., of Deering, concerning the "Loco plant," or *Oxytropis Lamberti.* Its effect on the system is similar to that of rabies. Dr. Sylvester reported the physical condition of Dr. Clark. Though feeble in body, he is still active in mind, and evinces great interest in the spread and triumph of homœopathy.

The Bureau of Clinical Medicine came next in order, and was opened by an able paper by Wm. Gallupe, M. D., which discussed the general principles of the subject, and was illustrated by three cases which showed careful and skilful prescribing. Papers were also read by Drs. D. N. Skinner, R. L. Dodge, S. Calderwood, J. H. Knox, L. H. Kimball, and Wm. Watters.

J. B. Bell, M. D., chairman of the Bureau of Surgery, made an elaborate report, giving the history of a number of surgical cases from practice, including his latest operation of ovariotomy, which was successful.

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* Since deceased.

Dr. Sylvester reported a case of strangulated femoral hernia, and successful operation.

Appropriate resolutions were drawn and unanimously adopted, concerning the death of the late Moses Dodge, M. D., of Portland, who was always an active and interested member of the Society, and whose cheerful presence and wise counsels will be greatly missed.

The report of the Bureau of Obstetrics, W. L. Thompson, M. D., chairman, was then called for. Able papers were presented, and a general and profitable discussion followed.

At the evening session the society proceeded to the election of officers as follows: President, N. G. H. Pulsifer, M. D., Waterville. Vice-Presidents, D. N. Skinner, M. D., Auburn; J. H. Knox, M. D., Orono. Recording Secretary, W. F. Shepard, M. D., Bangor. Corresponding Secretary, C. H. Burr, M. D., Portland. Treasurer, L. H. Kimball, M. D., Bath. Censors, Wm. Gallupe, M. D., Bangor; M. S. Briry, M. D., Bath; W. L. Thompson, M. D., Augusta; W. K. Knowles, M. D., Bangor; W. E. Fellows, M. D., Skowhegan. Committee on Publication, R. L. Dodge, M. D., Portland; S. Sylvester, M. D., Portland; W. F. Shepard. M. D., Bangor. Committee on Legislation, W. T. Laird, M. D.; N. G. H. Pulsifer, M. D; M. S. Briry, M. D. Voted, that Augusta be selected as a permanent place for the meetings of the society until otherwise ordered. The evening was pleasantly passed in listening to the report of the Bureau of Gynæcology, and in general informal conversation on scientific subjects. Resolutions were read and adopted regretting the contemplated departure of Drs Bell and Dillingham from the State, the one for a new field of practice, and the other for a foreign voyage to recuperate his health. While Dr. Bell has won for himself in the homœopathic ranks a national reputation, we do not forget that he laid its foundation in the old "Pine-Tree State"; and while we shall not cease to miss him from our counsels, we know he will never forget the many pleasant sessions of our Society, to the success of which he has been so largely instrumental.

Wednesday forenoon a few of the members met together, the majority having left for home, and discussed ways and means for advancing the interests of homœopathy in the State. The usual votes of thanks, etc., were passed, and an adjournment was made to the first Tuesday in June, 1881.

WORCESTER COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

REPORTED BY CHARLES L. NICHOLS, M. D., SECRETARY.

THE quarterly meeting was held at the Bay State House, Aug. 11, Dr. C. L. Kingsbury in the chair.

The following persons were elected members of the society: Drs W. O. Hardy of Grafton, E. N. Kingsbury of Spencer, G. L. Miller of Putnam, Geo. Porter of Webster, G. A. Slocum of Millbury, and Adaline Williams of Worcester.

A paper was read by Dr. E. C. Knight upon the therapeutic use of hot water, describing various cases, such as tonsilitis, gastritis, and others, benefited by its use.

The distinction between chancre and chancroid was freely discussed. Dr. Carmichael said that F. N. Otis, of New York, advised and practised excision of chancroid, no internal treatment being at all necessary; mercury did absolute havoc. Nitric acid thoroughly used, as a rule, was all that was necessary. Chancre was best treated internally by *Merc. Cor.* ^{30} or ^{200}, using due caution to keep the parts well cleansed.

Dr. L. B. Nichols reported in favor of first securing such books for the library as contained records of provings, monographs on drugs, and such books on materia medica as would be valuable, especially if they were likely to go out of print. In conclusion, he paid an earnest tribute to Dr. Constantine Hering, who had added so much to homœopathic literature, and who, for many years, had been such a power in the ranks of homœopathy. He spoke substantially as follows: —

CONSTANTINE HERING.

"Mr. Chairman, I pause a moment to pay my tribute of respect to the memory of a great man who has passed away. Constantine Hering is dead! The man who, more than any other man living or dead, had enjoyed the confidence of him whom we call 'The Master,' and who wore with rare dignity the mantle of the great founder of our faith, is no more. He had passed the great limit of human life, fourscore years, and with his mind still clear as in earlier days, was working at his chosen task when summoned away.

"For more than half a century he had labored earnestly and faithfully in his profession. How much he accomplished, how lofty his views, how clear his judgment, how ready to defend homœopathy against the ignorance and wilfulness of its enemies, how gentle and kind to his friends, how willing to help and instruct all who desired his aid, I need not tell you.

"My personal acquaintance with him was limited; but there are

many men living, and some of those are now before me, who were fortunate enough to know him in the prime of his life, and not one of them will say no to the words I have written of him. I wish it had been my fortune to know him in earlier life, to learn of him and draw inspiration from his lips, who stood so far above the other great teachers of our school. We think of him with admiration and gratitude for the vast amount of labor he accomplished, the valuable works he finished as well as those of equal value he planned and began, — works which he trained others to finish when he saw that the remnant of his life could not accomplish it.

"His mind must have been singularly clear up to the very close of life. The article in the last number of the 'North American Journal of Homœopathy,' on 'Our Nosodes,' he had but just written, and it is of great value. It has the clear ring of his earlier writings, and is convincing to any mind that is willing to be convinced. Strangely fortunate for us that he should write that article so much needed at this time, and which no one else, I think, could write so well as he; a fitting close to the vast labors of his busy life. He will be mourned in many lands, for he had a world-wide reputation.

"As I read the notice of his death, and thought of all the work he had done, of his unceasing activity all through these eighty years, there came into my mind the epitaph of the restless soldier of Lombardy, and how appropriate it is for the great man we mourn to-day: "*Nunquam quievit, quiescit* — He who never rested, rests."

Dr. Chamberlain spoke of the eagerness of Dr. Hering to find new medical methods, and his immense collection of manuscripts. Dr. S. H. Colburn also spoke gratefully of him, as a teacher and a wonderful worker.

A letter in answer to one written by Dr. Carmichael to Dr. I. T. Talbot, in regard to a ward in the new Worcester City Hospital, was read and referred to the city physicians.

Reviews and Notices of Books.

Functional Nervous Diseases. By L. Putzel, M. D. New York: Wm. Wood & Co. pp. 256. 1880.

Under this title the author presents an interesting account of chorea, epilepsy, neuralgia, and peripheral paralysis. He expects that many pathologists will sneer at the term "functional" and deny its very existence; and admits that possibly at some future

time we may find some structural basis for them. Still, he contends that as yet these diseases present no primary anatomical changes, which are visible to the naked eye or to the microscope. Diagnosis and clinical history seem to be carefully worked up, but in treatment we discover little that is new. In sciatica the author relies mostly on galvanism, claiming from its use marked improvement or complete recovery. In epilepsy he advises against marriage as a cure, and against trephining, except when there is evident depression of the skull from injury, and sees no reason for limiting the amount of nitrogenous food. His firmest faith is in the bromide of potassium, as might be expected.

THE SKIN IN HEALTH AND DISEASE. By L. Duncan Bulkley, M. D. Philadelphia: Presley Blakiston.

Forming Vol. XI. of the American Health Primers, this will be found an interesting addition to that charming series. We have only one fault to find with it: it is altogether too technical, in places, for a book designed to be read in the home circle. To find an example, one has only to turn to pages 51–55 to read over the elaborate classification of skin diseases, which could not be more profound if prepared for the most abstruse work on dermatology.

REPORT OF THE BUREAU OF ORGANIZATION, REGISTRATION, AND STATISTICS to the American Institute of Homœopathy. From this report it appears that there are 6,000 homœopathic physicians registered in the United States. There are 23 State societies, of which 17 are incorporated by their respective States. There are 92 local or county societies, and 7 clubs, partly professional and partly social. Of the 38 homœopathic hospitals in this country, 30 report 1,682 beds, which provided, in the last year, for 14,959 patients, with a mortality of 367, — about 21 per cent. The cost of building 25 of these hospitals has been $1,549,175, and they are mostly supported by contributions and paying patients. Of the 29 homœopathic dispensaries, 25 report having treated, in the last year, 117,564 patients, with 272,772 prescriptions, at a cost of $10,639.19, or about 4 cents for each prescription. Eleven homœopathic medical colleges are established, and instructed last year 1,192 students, of whom 387 were graduated. The total number of graduates from these colleges is 4,922. The cost of establishing 5 of these colleges has been $230,000; the cost of the others is not given. There are 16 homœopathic journals published in this country, quarterly, monthly, and semi-monthly, with an annual total of 8,784 pages, and an aggregate of 23,450 copies. In addition, there are national medical societies, medical schools for special subjects, a publication society, and a

very prosperous life-insurance company, called the New York Homœopathic Mutual. The tables of statistics are compiled with great care, and will be of interest to statisticians and the friends of this school of medicine.

THE HUMBOLDT LIBRARY, Nos. 8, 9, and 10 (J. Fitzgerald & Co., New York), contain C. Marcel's Study of Language, Herbert Spencer's Data of Ethics, and Blaserna's Theory of Sound in its Relation to Music. Only 15 cents each.

BRAITHWAITE'S RETROSPECT for July (W. A. Townsend, New York; A. Williams & Co., Boston agents) contains the usual large amount of valuable compilations and extracts from the leading British medical journals, and is really a cheap and valuable addition to one's study-table. We need to keep fresh in such matters.

ROWELL'S NEWSPAPER DIRECTORY. The twelfth annual issue of the American Newspaper Directory, compiled by the veteran advertising agent, George P. Rowell, has just been issued. It makes a volume of over one thousand pages, and contains a larger amount of information regarding the newspapers of the country than can be found in any other single work of which we have knowledge. It is a necessity for advertisers as well as publishers, and great pains have been taken to make it thoroughly accurate and reliable. The present issue is the result of careful and complete revision of the edition of 1879, and we believe is as complete and honest a statement of the standing of the various publications of the country as can be made.

THE ARCHIVES OF MEDICINE, for August (Putnam's Sons), contains articles on Thalamic Epilepsy, by W. A. Hammond, M. D.; Water, by S. G. Webber, M.D.; The Cold Pack and Massage in Anæmia, by Jacobi and White; The Right of the Insane to Liberty, by E. C. Seguin, M. D.; etc.

OTHER BOOKS AND PAMPHLETS RECEIVED. — Hoyne's Clinical Therapeutics, Vol. II., parts 9 and 10. — Optico-Ciliary Neurotomy, by J. J. Chisholm, M. D. — Peptonized Milk as Food for Infants and Invalids, by R. J. Nunn, M. D. — On Pyrexin or Pyrogen as a Therapeutic Agent, by John Drysdale, M. D. — Remarks on Pepsin, by J. S. Hawley, M. D. — The Sixteen Principal Homœopathic Medicines. London: E. Gould & Son. — School and Industrial Hygiene, by D. F. Lincoln, M. D. — What to do First, by Charles W. Dulles, M. D. — The Practitioner's Handbook of Treatment, by J. Milner Fothergill, M. D: H. C. Lea's Son.

MOTHER'S MARK. — A case recently occurred at the Pennsylvania Hospital, in which a woman, moribund from a recent burn, gave birth to a fœtus, still-born, at eight and a half months, which presented blistering of the surface of the body in a region exactly corresponding with the mother's injuries. The "American Journal of Medical Sciences" will, in October or January, fully report the case, with drawings of the appearances of mother and child. It is a beautiful example of maternal impression in the last month of pregnancy. The fœtal heart was heard only a few hours before birth.

SIGNS OF THE TIMES.

To the Editor of the New England Medical Gazette:

WITHOUT any intention to excite any controversy upon the subject, I wish to direct your attention to the evidently mistaken idea of my article "Signs of the Times," shown in your editorial thereon, in the September number of your journal.

(1.) You say, "The great majority of us, on the contrary, instead of denouncing such appropriation as 'stealing,'" etc. I said, "Some of our leaders have invariably denounced as 'stealing.'"

(2.) I never intimated the belief that Christianity is "destined to be absorbed by other and older systems of religion or morals." I said to the effect that Christianity as an organization is now in a state of fatty degeneration, but that the truth in its teachings had made its mark on society and on religion.

You say that my comparison is an "irreverent" one. Is it irreverent to look at the history of the past, and the visible present, and therefrom to draw analogies for our guidance in the future? If so, then I am "irreverent" in the same manner as were Christ and Paul.

Respectfully,

SAMUEL POTTER.

MILWAUKEE, Sept. 7, 1880.

OUR MISCELLANY.

NO MORE BALDNESS. — Pilocarpin is said to be an infallible remedy for this "complaint."

LISTER. — The degree of D. C. L. has lately been conferred on Prof. Joseph Lister, F. R. S., by Oxford University.

SEATS FOR SHOP GIRLS. — Ninety houses in Dublin, within the last year, have provided seats for their feminine assistants.

VACATION. — One theory of Sir Henry Holland's was, that a doctor will increase his practice if he take a month's vacation each year.

REAL ESTATE. — The human skeleton consists of more than two hundred distinct bones. So, when a man says that "every bone in his body aches," you may know he is the proprietor of more than two hundred achers.

AUSTRALIAN CLIMATE. — It is asserted in the "Victoria Review" that nine tenths of the blacks in Australia die of consumption, — a curious commentary, says the "Medical Press and Circular," on the practice of sending consumptive patients to Australia.

COLD BATHING. — Dr. George Johnson says: "From what I have seen of the effects of cold bathing, I have arrived at the conclusion that more people are injured than are benefited by the practice; and I am confident that if the urine of all men, women, and children who paddle about in the sea until they are blue and cold were tested within a few hours after their immersion, it would be found to be more or less albuminous in a large proportion of cases." — *London Lancet.*

A ROYAL DOCTOR. — From the "Reichsanzeiger" we learn that Prince Charles Theodore, of Bavaria, is qualified for, and has been duly admitted to practise as a physician, within the limits of the German empire. Prince Charles has already distinguished himself in cases involving delicate surgical operations, is a specialist of some renown in eye diseases, and has been at the disposal of his many patients at all hours of the hight and day. Generous as well as wealthy, he relieves the necessities of his poor patients, besides curing their ailments. His tenants upon the magnificent estate of Tegoniste will not consent to being attended by any other medical adviser. Dr. Charles Theodore von Wittelsbach is a brother of the Empress Elizabeth of Austria, the Queen of Naples, and the Duchess of Alençon; and upon the death of his elder brother, Duke Louis William, — who contracted a morganatic marriage, — will be the head of the Bavarian ducal line, formerly reigning over the Palatinate, Deux-Points, and Berkenfeld.

A DESPERATE CASE. — The "Wiener Med. Wochenschrift," 1880, gives the following: A poor woman at Prischtina, not far from the Servian frontier, was in the pains of labor for three days, but to no purpose. In her perplexity she seized her husband's razor, cut open her abdomen and uterus, and got a neighbor to sew her up again after the removal of the child! And now, after several months, mother and child are doing well.

PHYSICIANS AND CRIME. — From the Boston "Medical and Surgical Journal" we learn that the fact of the medical profession being always regarded as a law-abiding portion of the community has been conclusively demonstrated by the criminal statistics of Brooklyn for the past year. 25,706 arrests were made by the police; and of those arrested, one was a clergyman, one an editor, eight were artists, six actors, two custom-house officers, forty-seven lawyers, and eleven undertakers, but not one was a physician.

NATIONAL BOARD OF HEALTH. — The physicians of Savannah, with the city government, have protested against the Harris bill, giving additional power to the National Board of Health. Dr. L. A. Falligant, in an open letter to the citizens of the South, indorses this action, and criticises rather sharply some of the work of the National Board of Health. This, he thinks, should be confined more closely to studying sanitary questions, leaving matters of quarantine to local authorities. Dr. J. G. Thomas, in the Savannah "Morning News," comes to the defence of the National Board, by showing the advantages that have already been secured by its operations.

HYDROPHOBIA. — A prize of £100 is offered by the Royal College of Physicians, London, for the most valuable essay on hydrophobia. The questions thought especially to require investigation are: The origin and history of outbreaks of rabies; the best mode of prevention; the characteristics of rabies during life; the anatomical and chemical changes in its successive stages; the origin of hydrophobia in man; the morbid changes observed in the subjects of the disease, with special reference to those having their seat in the organs of the nervous system and in the salivary glands; the symptoms in well-observed cases; the diagnosis of the disease in doubtful cases; the efficacy of the various remedies and modes of prevention.

REV. WILLIAM ELLERY CHANNING, whose centennial was recently so appropriately celebrated, conceived a novel idea while a divinity student. He reduced his diet to less than the actual requirements of his system, in order to avoid the necessity of exercise and to gain more time for study. The result was a life-long dyspepsia, due, as he was told, to a contracted stomach.

This misfortune of Dr. Channing's led him to highly appreciate the necessity of a thorough knowledge of the laws of health. He once said, "The universal disease of the human race is a sufficient proof that we have not yet discovered a knowledge of God's laws with respect to the body. To lose consciousness of these was, perhaps, the beginning of sin. Its first effect was to spoil the pure mind of its original holy instincts, and dim its powers of sense-perception. The last triumph of Christianity may be the discovery of a perfect hygiene."

ANIMAL LONGEVITY. — According to St. George Mivart, generally considered reliable authority on such matters, although threescore years and ten may be, commonly, the term of human life, man can certainly both live and retain his intellectual faculties more or less beyond one hundred years. A horse is generally old at thirty; the life of sheep is about fifteen years' duration, and that of a dog from fifteen to twenty years, although allied animals are much longer lived. Thus, Pompey, the lion who died in the Tower of London in 1760, had lived there no less than seventy years; and the tortoise which died in the Bishop of Peterborough's garden in 1821 was no less than two hundred and twenty years of age. A toad has been kept for thirty-six years, without showing signs of age, and then died through an accident. Frogs and toads are probably long-lived animals, small as is their relative size. Whales have been supposed to live from three to four hundred years. The life of an elephant is said to exceed one hundred years, but of this there is no certain evidence. Parrots have been known to live beyond a century; and geese and crows exceed the period allotted to man. Extremely varied is the duration of the life of individual organisms; and no less varied are the relations to time of the lives of races of different groups of animals and plants.

FEES. — The Boston "Medical and Surgical Journal" has a communication from Dr. Henry G. Clark on the subject of medical fees, in which he expresses his idea that the $3.00 fee, established by custom, is the *lowest* that should ever be charged in Boston. "There is no profession or business requiring an equal amount of ability, acquirement, and devotion, which is so poorly requited in money as that of the practice of medicine; and the number of those whom we know, who have been able, after supporting their families in tolerable comfort, to leave them even a moderate competency, might be counted on the fingers of one hand. This ought not to be; and it seems but just and reasonable that the profession should do something to advance its own interests in this regard. There is no reason why a larger fee should not be made the custom. It costs as much to live in Boston as in London; the services of medical men are worth as much here as there: and yet in London no one in even ordinary circumstances neglects, in leaving his physician's office, to place the expected guinea in the palm of the waiting-man, or leave it — enclosed in an envelope — on the office table."

REMARKABLE UNION. — On the 5th of February, 1880, Dr. L. L Stanton, of Tarborough, N. C., was called to see Mary S——, a girl of eleven years, quite anæmic and small for her age. While procuring fire-wood, she placed her hand in the way of an axe, when at one blow it was severed from the styloid process diagonally across the trapezium, passing through the scaphoid bone and posterior annular ligament, dividing all the muscles, bones, and blood-vessels, and *completely separating the hand from the arm*, excepting a small portion of skin, below the articulation with the ulna; the hand was hanging at right angles to the arm when the physician arrived, half an hour after the accident.

Amputation at the joint above was at once decided upon, and Dr. Stanton returned to his office — a distance of half a mile — for the assistance of another physician; this being impracticable, he replaced the hand, holding it securely in position with silver-wire sutures and adhesive plaster. During the process, the patient complained of pain in the arm, from the needle, but none when it was used on the hand.

The hand and arm were secured upon a broad splint and kept warm by hot flannel cloths. Twelve hours later, the hand was much swollen, but there was no sensation or pulsation, nor had the patient complained of pain, but rested quietly. The next day there was a little pain, but no change in appearance. On the third day there was pulsation in the hand and a different color; and from this time there was no suppuration, no secretion of any kind, and the wound entirely healed. The sutures were removed on the fourteenth day, and for a time the hand was carried in a sling. At present the patient is able to extend the fingers, and grasp with nearly her usual strength. There is no anchylosis of the wrist joint.

PERSONAL AND NEWS ITEMS.

DR. A. B. CHURCH, of Winchester, is spending a year in Paris.

DR. E. B. SQUIRE has removed from Lyndonville, Vt., to 368 Columbus Avenue, Boston.

DR. J. P. DAKE, JR., formerly of Nashville, Tenn., has become associated with Dr. L. S. Ordway, formerly of Freeport, Ill., at Hot Springs, Ark. They are well-educated and reliable physicians.

THE BOSTON UNIVERSITY SCHOOL OF MEDICINE opens its eighth year with an introductory lecture by Prof. E. B. de Gersdorff, M. D., on Wednesday, Oct. 6, 1880, at 12 M. The lecture will be at the college on East Concord Street, and the profession and friends of the school are invited to be present. The prospects of the school are excellent for the ensuing year.

WORLD'S HOMŒOPATHIC CONVENTION OF 1881. — At the meeting of the British Homœopathic Congress held at Leeds on Sept. 9, 1880, the following were elected the working officers of the International Homœopathic Congress to be held in London in July, 1881: *President*, Edward Hamilton, M. D., London; *Vice-President*, Richard Hughes, M. D., Brighton; *Treasurer*, William Bayes, M. D., London; *General Secretary*, J. Gibbs Blake, M. D., Birmingham; *Local Secretaries*, J. C. Burnett, M. D., London, J. W. Hayward, M. D., Liverpool.

THE

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EDITORIAL.

IS CONSUMPTION CONTAGIOUS?

THIS exceedingly interesting and practical question is both new and old. Like many modern inventions and discoveries, it affords abundant illustration of the oft-quoted remark that there is nothing new under the sun. It is old, because Hippocrates, four hundred years before Christ, had answered it affirmatively, and Aristotle a few year later writes that the Greeks of his day generally shared his belief. From that time to this (when it becomes new again), with the exception of the last century, it has been pretty generally accepted as an accredited doctrine. Strange to say, — and yet comprehensible when we bring to mind the many similar ups and downs of medical beliefs, — about a hundred years ago a spirit of skepticism on this subject began to arise, and gradually increased to such proportions that it at length almost entirely swept away the ancient landmarks; and it is only within a comparatively few years that the belief in the contagiousness of consumption, which, having the elements of truth in it, could never die beyond the possibility of resurrection, has begun to reassert itself. So effectually was it smothered, that the consideration of the subject among the causes of the disease (and indeed the slightest allusion to it) has not yet crept into the college text-books of to-day; and in all probability, the great majority of our young graduates, unless they have — contrary to the usual custom — kept themselves, while students, posted in our current periodical literature, would be completely at a loss for an answer, if their patients should propound this conundrum. And yet it is

a question of such practical and even *vital* importance, that no physician can be considered to have done his duty until he has carefully and candidly investigated it. We feel quite confident that after such investigation he will be induced to believe that to a certain extent at least, and under certain conditions, consumption is contagious. Even if he arrive at a different conclusion, he will have satisfied his conscience with regard to a subject which is now beginning to receive the earnest attention of the most profound pathologists and practical physicians of the whole world; for when such eminent men as Villemin, Lebert, Marcet, Tappeiner, Viseur, Klebs, Chauveau, Gerlach, Böllinger, Zundel, Bühl, Andrew Clark, Wilson Fox, Burdon-Sanderson, Schüppell, Virchow, and Cohnheim devote months, and some of them years, to arduous labor in carrying on experiments to prove or disprove a question, we may well think that it deserves some attention from us.

The subject is now being studied from three points of view: *first*, by means of clinical observation, to determine whether or not it is probable that one patient has acquired the disease from another; *second*, by experiments on a great many animals, to ascertain whether they can acquire the disease by swallowing, in or with their food, tubercular matter taken from other animals or from human beings; and *third*, to discover whether after being inoculated with tubercular virus, animals will in consequence become tubercular. Although as yet a sufficient number of experiments has not been reported to demonstrate the problem with mathematical exactness, nevertheless, they already furnish abundant testimony to the extreme probability of the contagiousness of phthisis. These experiments are still going on, and we earnestly hope that they will be continued, until there is left no reasonable ground for doubt. When such grave charges are made and so ably supported against some of our beef and milk, the very necessaries of life, we may well be uneasy until we have fathomed, so far as may be, the exact limits of their hurtfulness. However, we already know so much that we shall be culpably negligent, if we do not demand of government careful inspection of all the meat that comes into our markets, especially at the slaughter-houses, and of all the cows that furnish us milk, with particular reference to their being tainted with tubercle.

There is so much to be said on this important subject, that it would of necessity far exceed the limits of any possible magazine article. We have therefore gathered into book form* a *résumé* of the opinions, for and against the doctrine, of all accessible authors who have mentioned the subject; a collection of twenty-five cases, which can be explained in no way so easily as by the theory of contagion, — which, indeed, would to most persons be very strong evidence in favor of that theory, and from which we have drawn certain deductions as to the most important points involved in the theory; other evidence which seems to show that the disease is contagious also among cattle; and abstracts of a large number of experiments tending to prove that it may be transmitted by means of the meat and milk of diseased animals used as food, and also by inoculation.

We would thankfully receive from any of our colleagues who may have experimented in this direction, or who have had their suspicions aroused, in any cases of phthisis, that the disease might have been communicated by contagion. full reports of such cases, or any facts or opinions bearing on this subject. Of course, those cases which could be proved to be free from hereditary taint, and to have been previously in good health, and whose hygienic surroundings were favorable, would be the most conclusive. We have thought it best to reproduce here one of our twenty-five cases, reported by Dr. Herman Weber, of London. As we could not get access to the original report, it has been translated back again into English from a French translation, and may, therefore, not correspond word for word. Generally, the disease is considered contagious only in its last stages; but in this case, if it was so communicated, it must have been at an earlier period. For good reasons, we use the word "contagious" as synonymous with "infectious," "communicable," "transmissible," and "catching."

* Is Consumption Contagious, and can it be Transmitted by Means of Food? By Herbert C. Clapp, M. D. Boston and Providence: Otis Clapp & Son. pp. 180.

CASE 9.

J—— had seen his mother, two brothers, and a sister die of pulmonary consumption, and had himself, on two occasions, had hemorrhages when twenty and twenty-one years old. He became a sailor, and was apparently in good health when he left home, in his twenty-fifth year. He married at the age of twenty-seven.

He married four wives:—

First. A woman belonging to a perfectly healthy family; she enjoyed excellent health until her third pregnancy, when she began to cough and grow thin. She died of consumption after her third confinement.

Second. At the end of a year he remarried, the second wife having every appearance of health; but at the end of a year of conjugal life she began to cough and to spit blood, and soon died of quick consumption.

Third. The third wife belonged to an exceptionally healthy family, consisting of a father, mother, four brothers, and two sisters, all living and in good health.

When married, she was twenty-five years old, and continued to have good health until her second pregnancy, when she began to cough and to have feverish turns. She had two hemorrhages, and when I saw her, seven weeks after her second confinement, she showed extensive lesions in the upper part of the lungs; also hectic fever and profuse sweats. A month later she was taken with severe hemorrhage, and died shortly after, eight months from the appearance of the first symptoms.

The autopsy revealed signs of pneumonic and tuberculous consumption combined, to make use of an expression employed by the late Dr. Addison, who visited the patient with me.

Fourth. The fourth wife, whom I also attended, had not a sign of consumption in her family, and at the time of her marriage was twenty-three years old, and in the enjoyment of perfect health. About thirteen months later, three months after her first confinement, which had resulted happily, she began to cough, and had a little fever. Then very clearly defined signs appeared, first at the upper part of the right, then of the left lung; moreover, she coughed up blood, and had a slight pleuritic effusion.

She experienced some relief during a voyage which she took to Melbourne, but on her arrival there had a severe hemorrhage, and died a short time after her return to England, nine months after the appearance of the disease. The autopsy showed extensive pneumonic and tubercular lesions in both lungs, as well as tubercles in the intestines, spleen, and liver.

At two different times, in 1854 and 1857, after the third wife's

death, and during the illness of the fourth, I had occasion to examine J. His general health was excellent, and he assured me that he did not cough, and merely expectorated a little mucus in the morning. The upper part of the left thorax was flattened, and percussion showed it to be less resonant than the right; inspiration was less distinct; expiration was prolonged, and from time to time râles were heard. He did not remarry, not wishing to expose his choice to "certain death." He was apparently healthy, and continued to do active duty as a sailor until 1869, when he was forced to keep his bed for some months, on account of a severe fracture; he then began to cough.

The upper part of the right lung, which had until then been healthy, became diseased, and consumption developed in the usual way, and caused the patient's death in 1871. The autopsy showed cicatrization where the disease had first seized him, and also more recent lesions.

A NEW METHOD OF TESTING THE PRESENCE OF HIGHLY ATTENUATED SUBSTANCES.

At the recent meeting of the Homœopathische Central-Verein, the national homœopathic society of Germany, Herr Zoepperst made a short preliminary report on some experiments by Prof. G. Jaeger, of Stuttgart, demonstrating the effects of certain imponderables, more particularly of highly diluted homœopathic drugs, upon the sense of smell. The experiments, we are led to suppose, were conducted by means of instruments capable of measuring and registering the most minute degrees of force and motion, after the manner of many appliances now in use among physicists and physiologists; but the precise nature of the means used does not appear from the reports at hand. With the last number of the "Allgemeine Homœopathische Zeitung," and indorsed by it, comes a short paper by Prof. Jaeger himself, calling attention to the results of his experiments and their important bearing upon Hahnemann's doctrine of attenuation. A translation of the paper is appended, as it may be of interest to the readers of the Gazette, since the subject is not unlikely to attract greater attention in the future.

On Neuranalysis.

A PRELIMINARY REPORT BY PROF. G. JAEGER, OF STUTTGART.

This new and mathematically exact chemico-physiological method of investigation, discovered by me and first brought forward at the last year's Congress of Naturalists and Physicians

at Baden-Baden, has since been subjected to more exhaustive experiments by three of my students, Messrs. Tänzer, Schlichter, and Jochrum, and has confirmed the results already obtained, as follows: —

1. The essential conditions have now been found upon which the preliminary physical disposition depends. These conditions are of such a nature that, with moderate care and practice, they may be readily fulfilled. From what is already known, it may be predicted that the certainty of neuranalysis is destined to be greatly increased, more particularly when a new instrument of precision, now in process of construction, shall be completed.

2. With regard to *the power of penetration* of this method, it has been demonstrated that —

An alcoholic solution of aconite is distinguishable with certainty by every one by olfaction in all dilutions up to the two hundredth decimal, from the alcohol used in its preparation. The highest potency causes an increase of irritability of eighteen to thirty-six per cent as compared with that of alcohol.

With the extract of thuja in the four hundredth decimal potency, an increase of forty-four per cent over that of pure alcohol was recorded, while *Natrum mur.* ^{100} showed an increase of forty-four and six tenths per cent.

3. Concerning *the power of definition*, it has been established that —

a. The two hundredth decimal potency of aconite and the four hundredth of thuja invariably give clearly distinguishable neuranalytic curves ("osmograms": *osme*, odor), so that it is highly probable that even the high potencies of homœopathy may be subjected to a quantitative analysis.

b. *The character or quality of the osmograms* is, from all that has been hitherto observed, wholly independent of the quantity of the fluid inhaled and of the extent of the evaporating surface.

c. But the osmograms vary both in kind and degree according to the degree of the attenuation; the variation, however, is so gradual that two closely related attenuations of the same substance can scarcely be distinguished from each other. On the other hand, it is noted (*a*) that widely differing potencies show such marked differences, and (*b*) that nearly related potencies show such marked similarity, that homœopathic attenuations may also be subjected to an approximative quantitative analysis. With the appliances already at hand, the high, middle, and low potencies may be readily and exactly distinguished from each other.

d. Notwithstanding the changes from increasing attenuation, the osmograms of all potencies of the same drug have certain features in common.

4. The arithmetical variations existing between the osmograms of different substances, or between the widely separate attenuations of the same substance, are, as contrasted with the variations of the different osmograms of the same substance, incomparably greater and more striking than those exhibited by any other known method of exact investigation.

5 From a physiological point of view it is important to note the following results: —

a. The physiological effect of the attenuated substance rises in the ratio of the attenuation up to a certain maximum. With aconite this maximum was found in three experimenters correspondingly between the twelfth and fifteenth potency. In one of the experimenters a point of nearly equal height was reached with the thirtieth potency, and in another with the two hundredth potency!

b. These maxima, or highest limits of irritability, are of a most surprising intensity. For example: in one experimenter the increase of irritability rose to thirty-nine per cent from the use of the fifteenth potency, and to thirty-six per cent from the use of the two hundredth potency. Added to these osmographic registerings, other physiological effects invariably manifested themselves in all experimenters when the maximum was reached, such as vertigo, tinnitus aurium, nose-bleed, headache.

c. After the maximum is passed, the physiological effect is seen to diminish with increasing attenuation; yet even from the highest of the potencies used it remained much more marked, in every instance and in all experimenters, than from the lower potencies, and especially from the mother tincture.

d. The variations attributable to idiosyncracies between four experimenters were found quantitatively slight with aconite; qualitatively they were more marked. A more decided variation in the osmograms was observed in two persons as the result of pathological disturbances, which may be accepted as an arithmetical confirmation of the well-known fact that the same drug varies in its effects on the healthy and on the diseased organism.

From the foregoing it follows: —

First. That neuranalysis far surpasses in analytical power every other known method of investigation, even spectral analysis, and with its introduction a new era in exact inquiry may be looked for.

Second. Neuranalysis revolutionizes our conception of the divisibility of matter, in an equal measure as the discovery of the telescope revolutionized the conception of universal space.

Third. The dilution of a soluble substance in a liquid vehicle clearly excites in the former a similar change in its molecular motion to that demonstrated by Crookes in gases which he attenuated to an extreme degree under the air-pump. ("State of Radi-

ating Matter," Crookes.) I look upon this change in the molecular motion as an increase of the latent heat at the expense of the sensible heat; in other words, an increase of the rotatory motion of the molecules around their own axes, in contradistinction to their rectilinear projection. In place of the meaningless term "latent heat," I denominate this rotatory motion "*chemical motion*," as it is this which we smell and taste, and which is estimated or measured by neuranalysis.

Fourth. The unmistakable increase of physiological action of drugs by means of attenuation raises homœopathy at once to the rank of a legitimate method of cure, in all respects the equal of allopathy. In view of the demonstrable results of neuranalysis, the systematic opposition to homœopathy on the part of our universities is henceforth impossible. Homœopathy in possession of neuranalysis is a proper subject of university teaching *(universitätsfähig)*.

A detailed publication, with the needful arithmetical and graphic material, is soon to follow in the form of a special treatise. At the same time I wish to state that I am willing and prepared to instruct others in the methods of applying neuranalysis.

PROF. G. JAEGER.

STUTTGART, Sept. 16, 1880.

We look forward to the promised treatise with much interest, and with still more to further experiments with the perfected instrument; not because we suppose that an immediate revolution will be effected in the position of homœopathy, even if Prof. Jaeger's highest expectations should be realized, but chiefly because these experiments are an additional indication that scientific thought and inquiry are tending in many quarters to leave behind them the coarse and superficial materialism which, in physiology and pathology, is still looked upon as the end and aim of all science! Prof. Jaeger's candor and courage, in asserting that homœopathy in possession of neuranalysis is a proper subject for university teaching, and that it will *now* be the equal in all respects of allopathy, do him credit, and we shall gratefully accept whatever advantages his discovery may bring us.

We are particularly anxious to get hold of one of his new machines before long, in order to test it on the very valuable new remedy *Nebula* $^{20\ M.M.}$ (London fog), — the process of whose manufacture was described by "an immaterialistic thoroughbred," in his exceedingly interesting article, "The New Development," in the July GAZETTE, — as well as on *Luna*, *Sol*, *Nix*, *Ira* and other good remedies.

Being very desirous of acquiring fame by associating our name with such a wonderful invention, and taking a hint from the

Perineosinuexereeinator described in our August number, we have decided to endeavor to make some improvement in the instrument, and then call it "The GAZETTE MODIFICATION OF THE JAEGER NEURANALYMETER." What results will then be accomplished we dare not predict.

We surmise that Prof. Jaeger is a cousin to Jules Verne.

DILUTION POTENCIES IN THE LIGHT OF RADIANT MATTER.

BY C. WESSELHOEFT, M. D., BOSTON.

AT the last meeting of the American Institute at Milwaukee, a pamphlet of eleven pages was circulated freely. It bore the superscription "On Radiant Matter," but named no author. This pamphlet contains numerous wild and unwarrantable conclusions drawn from Prof. Crookes's lecture on radiant matter, and applies them with haphazard enthusiasm to homœopathy, in a manner both confusing to the uninitiated, and astonishing to those familiar with the progress of physical science. The secret of its authorship was finally disclosed to the profession, by the publication of the article under the well-known letters "S. L." in the "North American Journal of Homœopathy" for August, 1880.

I have stated that the conclusions drawn from Mr. Crookes's lectures on radiant matter are erroneous, and erroneously applied to homœopathy. In order to substantiate these assertions, let us look carefully at what Mr. Crookes says, and then see what application we can make of it to homœopathy, after first summing up S. L.'s interpretations for the guidance of those who may not have had an opportunity to acquaint themselves with this exceedingly interesting subject.

S. L., taking his cue from "L'Art Médicale" on "Radiant Matter and Infinitesimal Doses," exhorts his readers to believe in infinitesimal doses, and declares that the above-named researches clearly demonstrate what Hahnemann described seventy years ago as the manifest action of infinitesimals. In the estimation of S. L., infinitesimals and homœopathy are identical; for he exclaims, "Oh, if only on this day homœopathy could make its entrance into the world, it might be welcomed with enthusiastic applause by all whose minds are already directed towards the study of infinitesimals!" The revelations regarding radiant matter are declared an irrefragable proof of the power of infinitesimals, — that is, of homœopathy. These perfectly irreconcilable and hasty deductions are considered as being further substantiated by an article in No. 11 of the "Allgemeine Homœopathische Testimonium," by

Dr. O. Buchmann, entitled "High Potencies and Radiant Matter," in which that writer endeavors to support the possibility of high potentization. Although Mr. Crookes diluted atmospheric air to a millionth of an atmosphere, equal only to the third centesimal attenuation, Dr. Buchmann says, "To show clearly the action of high potencies, and to prove that these high potencies still contain some matter, Crookes's essay becomes of great value."

While all this is claimed to be proved by Mr. Crookes, there is nothing in S. L.'s article, nor in the quotations from his authors, to show how his assertions are proved or demonstrated. If such disclosures are contained in the essay on radiant matter, they are wholly withheld from the reader of the "North American Journal of Homœopathy," where the mystification contained in the expressions, "infinitesimal," "high-potency," million-fold," etc., is the only approximation of an illustration to be discovered.

It would exceed the limits of this paper to report Mr. Crookes's lecture; besides, the facts there given are so concisely stated that an extract would do them injustice, and I must earnestly entreat the reader to refer to the article. It is entitled "On Radiant Matter: a Lecture delivered to the British Association for the Advancement of Science, at Sheffield, Friday, Aug. 22, 1879, by William Crookes, F. R. S." It was reprinted in "Nature" and "Silliman's Journal" of September, 1879; in the "Popular Science Monthly," November, 1879; and can be had in pamphlet form from James W. Queen & Co., 924 Chestnut Street, Philadelphia. These researches have a bearing upon homœopathy, but only so far as they relate to the peculiar method in which our drugs are prepared. To show the extent of this bearing, I will quote so much as applies to it, and also that which was omitted in S. L.'s account.

The researches of Mr. Crookes were *not* undertaken to demonstrate the infinite divisibility of matter, but are, as is clearly set forth in the beginning of his lecture, strongly corroborating proofs of the contrary, — namely, that matter is *not* infinitely divisible, but consists of molecules* which are no longer divisible; furthermore, that such molecules, though invisible, can be proved to exist: that their dimensions, size, and weight are measurable, and known with regard to many substances. Hence Mr. Crookes says that "gases are now considered to be composed of an almost infinite number of small particles, which are constantly moving in every direction with velocities of all conceivable magnitudes. As those molecules are extremely numerous, it follows that no molecule can move far in any direction without coming in contact with some other molecule."

* For a sketch of the principal features of molecular science, see the recently issued report of the American Institute Bureau of Materia Medica.

In this sentence Mr. Crookes has simply and very briefly sketched the existing molecular theory. When he says that the molecules in any gas are infinite in number, he does not mean that the molecules in a *given volume* of gas are infinite, but he quite clearly shows how they may be counted, as shown in his notes at the end of his lecture.

"But," continues Mr. Crookes, "if we exhaust the air or gas contained in a closed vessel, the number of molecules becomes diminished, and the distance through which any one of them can move without coming in contact with another is increased, the length of the mean free path being inversely proportional to the number of molecules present. The further this process is carried, the longer becomes the average distance a molecule can travel before entering into collision; or in other words, the longer its mean free path, the more the physical properties of the gas or air are modified. Thus at a certain point the phenomena of the radiometer become possible; and on pushing rarefaction still further, — *i. e.*, decreasing the number of molecules in a given space, and lengthening their mean free path,—the experimental results are obtainable to which I am now about to call your attention. So distinct are these phenomena from anything which occurs in air or gas at the ordinary tension, that we are led to assume that we are here brought face to face with matter in a fourth state or condition; a condition as far removed from the state of gas as a gas is from liquid." This sentence was quoted by S L., who probably construed the last phrase, regarding the condition "as far removed from gas as this is from liquid," as corroborating the "infinitesimals" he mentions. The beautiful and truly wonderful demonstrations of Mr. Crookes have an interest of their own, and every one should read his account, of which I will only state some results in brief. A glass tube or vessel contains air at the ordinary pressure of one atmosphere. When this glass tube is exhausted by an air-pump so as to reduce the pressure to one millionth of an atmosphere, and a galvanic current is passed through it, the rarefied air becomes visible in many forms. In one of these forms it illustrates to the eye what had been before only calculated mathematically, — namely, the mean free path of molecules which become radiant when they strike an obstacle. Radiant matter — that is, luminous molecules — proceeds in straight lines. Radiant matter, when intercepted by solid matter, casts a shadow. Radiant matter (molecules) exerts strong mechanical action where it strikes, etc., etc.

All this illustrates most emphatically the molecular theory: this now no longer deserves that appellation, which should be changed to molecular science. We certainly can find nothing in

it, so far as here detailed, pointing to infinitesimal division of matter; and above all, to try to force it into a corroborative illustration of homœopathy is to cause unutterable confusion of facts and notions.

The knowledge of molecules was derived from the discovery of their motion. Clausius of Bonn deduced from the motion of millions of molecules the average distance which each moves before striking another; this average distance is called the "mean free path." This mean free path has been carefully calculated for every known gas, before any ocular demonstration was known. If this was a theory up to a recent date, it has become a visible and demonstrable fact since the researches of Goldstein, Hittorf, and Crookes have become known; that is, between the years 1876 and 1879.

Homœopathy is a science entirely apart from the above; it has nothing to do with it, except in so far as it deals with matter generally. But the patient reader will see further on what it all means

The expression "millionth of an atmosphere" has led to many hasty and unwarrantable misapplications of the above facts S. L., as well as Buchmann, speaks of it as demonstrating high potencies; and thus the millionth potency and the millionth of an atmosphere get mixed in dire and inextricable confusion in the minds of those writers. The facts are these: In order to produce a fourth state of matter, — that is, a state of rarefaction or low density, at which the molecules may move a long distance before encountering resistance, and become "radiant matter," — a glass cylinder or tube has to be exhausted as far as possible by the air-pump; "and," says Mr. Crookes, "there is one particular degree of exhaustion more favorable than any other. . . . Roughly speaking, it may be put at a millionth of an atmosphere. By chemical means, a vacuum may be obtained of $\frac{1}{20,000,000}$ of an atmosphere; but at this rate radiant matter is no longer visible, because it has practically ceased to be present. Hence it is shown, by a special set of demonstrations, that *there is a decided limit to the divisibility of a given quantity or number of molecules.*

An atmosphere means that, at ordinary pressure, air will support a column of mercury in a barometer of about thirty-one inches.

1.0 millionth of an atmosphere = 0.00076 millimetre.
1,315.789 " " " " = 1.0 millimetre.

This gives us some idea of the minuteness of pressure remaining in a bulb. When reduced to $\frac{1}{20,000,000}$ it would correspond to the one hundredth part of an inch in a barometric column three miles high.

Mr. Crookes now proceeds to give us an illustration of the meaning of enormous figures: "It would seem that when the air contained in a bulb is divided by a million, so little matter will necessarily be left that we may justifiably neglect the trifling residue, and apply the term *vacuum* to space from which the air has been so nearly removed. To do so, however, would be a great error, attributable to our limited faculties being unable to grasp high numbers."

It will presently appear that in the neglect to make ourselves acquainted with the effect of large numbers, with which we are continually dealing unconsciously in our pharmacology, lies the source of all the mystification, error, misunderstanding, and partisan disputes of our school; but let us patiently follow our author, who continues:—

"It is generally taken for granted that when a number is divided by a million, the quotient must necessarily be small, whereas it may happen that the original number is so large that its division by a million seems to make little impression on it. According to the best authorities, a bulb of the size of 13.5 centimetres in diameter contains more than 1,000,000,000,000,000,000,000,000,000 (a quadrillion) of molecules. Now, when exhausted to a millionth of an atmosphere we shall still have a trillion (1,000,000,000,000,000,000) molecules left in the bulb,—a number quite sufficient to justify me in speaking of the residue as matter."

A few words by way of analysis before we proceed to quote. Most persons unfamiliar with huge numbers will be confused at the outset by the expressions "millionths of an atmosphere" being equal to so minute a fraction as 0.00076 millimetres of a column of quicksilver, and then by being told that a quadrillion divided by a million still leaves so transcendent a number as a trillion; whence a vague way of thinking begets a confused notion that quadrillions and other large numbers are a kind of "infinitesimals." And I am not exceedingly surprised that some old heads were overpowered by such statements as the following:—

"To suggest some idea of this vast number," continues Mr. Crookes, "I take the exhausted bulb (13.5 centimetres in diameter) and perforate it by a spark from the induction coil. The spark produces a hole of microscopical fineness, yet sufficient to allow molecules to penetrate and to destroy the vacuum. . . . Let us suppose the molecules to be of such a size that at every second of time a hundred millions could enter, how long, think you, would it take for this small vessel to get full of air? An hour? a day? a year? a century? Nay, almost an eternity."

[*To be continued.*]

PROGRESSIVE HOMŒOPATHY.

BY E. B. DE GERSDORFF, M. D., BOSTON.

(*Introductory Lecture delivered at the Boston University School of Medicine, Oct.* 6, 1880.)

IT is my pleasant duty to-day to welcome you all back to these halls at the beginning of the new school year of our college. I trust that my respected colleagues will have recruited their strength during the summer, and will have not only restocked their minds with the knowledge of new facts, but also their hearts with new devotion to their duties, with new sincerity in their teachings, and with new trust in our common good cause. Then only will the long vacation have turned out to be a true recreation to them. Yes, ladies and gentlemen, students, yes! it requires a good amount of devotion, sincerity, and trust on the part of us teachers, to proceed in the work begun seven years ago in this school. We have, as you know, to stand upon our own resources; we are surrounded by obstacles and opposition, like all men who embrace the cause of a reform: but the consciousness of helping on that reform is just the thing that keeps us to our work cheerfully. Our position will continue to be that of reformers in medicine, until the predominant school shall have directly or indirectly embraced homœopathy, in theory as well as in practice. If we have met with some success so far, — that is, if we have been able to send some well-prepared pupils from this school forth into the public life of physicians, during the past years, — the best that can be said of us is still that we are not yet satisfied; that, as we have striven to elevate medical education in our students from the beginning, so do we still further intend to strain all our resources for improvements in our school, by raising the standard of necessary acquirements of the students, and by making constantly new efforts in recruiting and extending the ranks of our faculty, as much and more even than our small means and the good-will of our colleagues in the profession will allow.

But believe me, when I assure you that the necessary qualifications and the untiring efforts to do our best are only, but then surely, brought out in us and out of us by your responding zeal in the pursuance of your studies, by your scientific spirit, and by your devotion to and your trust in us as a faculty. The work of a school is not done by a mere contract between two parties, with a final exchange of money and diploma; the times for such barter, I trust, have passed away forever in this country. Teaching and learning are performances of mutual duties, of sacrifices even;

and there can be no better stimulus to the efforts of the teacher than the eager readiness and the trusting confidence in the pupil to receive the offered mental food.

The first condition for the success of any professional school, however, is that the new-comers are sufficiently prepared and up to the standard in the preliminary examinations. Any deviation from the rules concerning preparatory requirements, any backsliding on the part of the teachers and officers of this college, as well as on that of the student, will be a detriment to the school, and will soon turn out to be a bad policy for both sides. The revenge, and the punishment for it, will follow soon: for we teachers will have a poorly prepared scholar to teach, who is a drag on the class, and who will give us double the work and anxiety to push him towards and through his examinations; while he will never be in that comfortable and self-confident state of mind, that mental rest, which is so necessary for any scholar who is to take up a new science, but will be in constant doubts and uncertainties about every new subject occurring in the course of his studies.

But ignorance, or a low standard of preparatory education, is not the sole impediment which the tyro may bring into our ranks. There are traits of character of the raw student which may have an evil influence upon his career, upon his fellow-students, and upon the whole college. A self-seeking, sordid, deceitful, intriguing spirit among the students will never allow a school to flourish, but will soon create distrust and discord. That which deteriorates the cultivation of any art or science, I am compelled to say, is often the business part of it, inasmuch as it constitutes the main motive for approaching it; the attempt to enrich the mind with any knowledge or skill, and at the same time to count the cost and the profits, acts like mildew on the crops. No great and good result can come from it. The proverb, "As they sow, so shall they also reap," will also hold true in the life of the medical student, so much depends upon his preliminary preparation, and the motives which govern him in choosing his profession and in pursuing his studies. The higher these are, the higher will he stand in future as a physician. To benefit mankind is the highest motive; the thirst of knowledge and investigation and the love for his art come next: but the *auri fames*, the gold-hunger, the money-making spirit certainly is the lowest. I cannot refrain from repeating here the words of my friend and colleague Neidhard, when he said on a similar occasion in Philadelphia, thirty years ago, to the students: "Never will you reach the summit of your profession, never will your faculties attain such elasticity and mobility that the true specifics will almost spontaneously present themselves to you, if you

do not consider the gift of healing the sick as given to you for higher purposes. Honest, disinterested motives in the exercise of any profession presuppose a clear, generous, open mind, which will also see clearer than other minds."

Now, as we claim in our college, by the coeducation of both sexes in medicine, to have attained a higher platform of ethics than exists in many other places, we ought to prove surely here that the American student, as well as those of other countries, is able to rise to the aspiration of a genuine love of science, and is not content only to learn what is absolutely necessary.

Turning our attention now to the various studies, the first-year student of this college will find his road laid out for him so clearly that he can without hesitation follow the plan; for there is ample time and material given for the study of the various groundwork branches, such as general, descriptive, comparative, and practical anatomy, histology, microscopy, human and comparative physiology, general and medical chemistry. He has also a chance given him to make up any deficiency in his general education and classical requirements.

But in the second year, the student, having prepared himself sufficiently, by his studies of anatomy and physiology, in his knowledge of the healthy man, wishes now to approach the study of materia medica and pathology, — with a certain preconceived idea, if not decided preference or conviction, as to the mode of treatment taught here. Then important and often puzzling questions may arise in his mind, some of which it shall be my object, as far as possible, in this short time allotted me, to attempt to answer. Of course, the students who enter this college know that the therapeutic method taught here is the homœopathic, and therefore are supposed to have already, if not much knowledge of it, yet some inclination to or even conviction about it. Nor do I propose, at this time, to explain to you what homœopathy means, or to try to prove its superiority over all other methods of cure; but I shall attempt, by the following remarks, to convey the idea to you that homœopathy is and must be, if a reform in medicine, a rational and progressive science, and being such, it has been and will still be able to clear itself of various adhering or inherent errors and developing eccentricities.

I must remark here that the views on homœopathy expressed by me are, owing to the short time given me, very hastily and insufficiently put together; and although they may be shared by many homœopaths, they do not necessarily represent the views of any of my colleagues, nor of the faculty *in toto*

The first question which arises in the mind of a student, in approaching therapeutics, is, Where and when shall I arrive at the true idea and spirit of the principle of homœopathy?

The answer is, Study Hahnemann's "Organon"; but not to learn it by heart like a catechism, nor approach it with a reverential awe as you would approach the metaphysical revelations or mysteries of religion, but study it as Hahnemann has himself advised, — at the sick-bed or while making provings. Hahnemann was first an experimenter, before he started his theory or system. "If the glory of Harvey was that he was the founder of experimental physiology, the glory of Hahnemann is that he is the founder of experimental pharmacodynamics," says Drysdale. If you follow him there and let the study of the "Organon" go hand in hand with experiments, — if you study it with a critical and even skeptical mind, — you will find that the main part and strength of this new system of therapeutics lies in the idea of the *Homoion*, the *Simile*, made use of by Hahnemann first among men — *consciously* — as a method of cure; all the rest is secondary, consecutive, or even factitious. Since his time the sciences of chemistry, physics, physiology, pathology, and microscopy have developed immensely, and thereby some of his views have become obsolete; but the idea conveyed by the *Homoion* has not only remained untouched and true, but has been even more and more verified because better understood than before.

The next question arising in the mind of the student when he has, by experiment on the well and by curing the sick, become already converted to the *fact* of the *Homoion*, is, Upon what theory, upon what law of nature, rests this therapeutic rule? The answer to this question lies in paragraphs 9, 10, and 11 of the "Organon"; for there he will find that closely connected, or rather underlying the practical rule of *Similia similibus curantur*, is Hahnemann's assumption of an autocratic *vital force*, or recuperative and reactionary energy in the nature of man as a physiological being.

From this he arrived eighty years ago at the conclusion that there exists no disease as an entity, but only a disturbed vitality, roused up to reaction; at which statement, only lately, the materialistic school has arrived by another way. Homœopathy is a vital law, therefore elastic in interpretation, and will bear limitation and extension. It exists even under false names, when called "supersession" or "substitution"; but it always rests on the recognition of the vital energy, or life power, notwithstanding all the sneering or denials of the materialists, — those men who define life by all that cannot be explained by chemistry and physics, and who in the absurd pride of their little positive knowledge will prophesy that the last traces of inexplicable phenomena will soon vanish, and such words as "life," "power," "spirit," expressing them, will be "relegated to the limbo of the obsolete." And still we see Liebig, Virchow, Darwin, Huxley,

Henle, and other materialists make use of the words "life" and "force" in their writings. Homœopathy is not an invention (Holcombe), but a discovery, of the curative science; it always has existed and made cures, and will in future, with and without all the theories about it. It is not a new nor a perfect science; it does not exclude certain other valuable therapeutical measures, dietetic, physical, nor even chemical and surgical; it can be direct, indirect, substitutive, sympathetic, preventive or anticipative (Dake). "*The metaphysics of our homœopathic science*" tell us that all drug diseases are in their essence and offspring opposite to the whole mass of epidemic, contagious, and all other diseases which are originated by a conflux of causes. Sixty years later the "German Medical Art," of Berlin, mouthpiece of modern physic, expressed their law of cure in the following words: "The anatomico-physiological sphere of action of medicines upon the sound organism is also (in an inverted ratio) their sphere of action upon the sick." Where is the difference between the two? Homœopathy is the *tertium comparationis* between them.

(*To be continued*)

STRYCHNINE IN SUBACUTE MYELITIS.

BY E. M. HALE, M. D., CHICAGO.

I PROPOSE to narrate a case of subacute myelitis which is destined to become historical in both schools of medicine.

Mr. P——, a gentleman about fifty years of age, who several years ago had a slight attack of paralysis which was treated successfully with *Nux Vomica* by my brother, Dr. P. H. Hale, of this city, is the subject of the case.

In the fall of 1879, Mr. P——, feeling that he had been overworked the preceding summer, resolved to spend the winter in the South. He accordingly visited the Hot Springs of Arkansas, Texas, Florida, and the Gulf States. He did not seem to recuperate as much as he supposed he would, and on the approach of warm weather, he came North, stopping in the city of Washington.

Here he went sight-seeing a good deal, and one day, after several long walks, visited the House of Representatives and Senate, and sat several hours on stone or marble.

When he arose to go to his hotel, he noticed a heaviness and numbness of the legs. After reaching the hotel, he had a chill, followed by fever, pain in the back, and increased numbness in the legs, which rapidly extended upward until the whole body,

arms, face, and head became involved. Dr. Verdi was called, and very properly placed him upon *Aconite*, under the use of which the fever subsided, but the paresis was not ameliorated. Dr. Verdi advised him to return to Chicago, and placed him upon the use of *Nux Vomica.*

He came home to this city, and called in an irregular and uneducated person who used electricity.

Under the action of this agent he grew worse, as might be expected; for electricity, even in the most scientific hands, can only aggravate acute myelitis.

At this juncture I was called and found him in the following condition: general numbness, stiffness, and formication of the whole body, with loss of normal motion in all the muscles. He could not turn in bed without assistance, and then only with great pain in the back, and he could not raise his hands to his head. His speech was very indistinct; facial expression like one under the influence of alcohol or gelsemium; eyelids drooping; upper lip apparently swollen; tongue protruded with difficulty, but not turned to one side; bowels sluggish; urine expelled with difficulty and heavily loaded with decomposing phosphates; pulse 90, large, full; temperature 100°; some anæsthesia of the skin all over the body. Having used *Gelsemium*[6] with success in similar cases, he was given that remedy, and under its use he improved in many respects, especially as to the feverishness and condition of the pulse. After it seemed to lose its curative action, I prescribed *Arnica rad.* [x], which relieved the *bruised* sensations on the parts upon which he was lying, and also the formication, and made him much more comfortable in many ways. He had now been under my care two weeks, and while he had improved, it was evident that the myelitis had simply changed from acute to subacute. The blood-vessels in the spinal cord, instead of being *acutely* congested, were in a state of *passive* congestion, — their coats relaxed from over-stimulation during the primary tension. There was not sufficient tonicity in them to carry on a healthy normal circulation, and the *pressure* which their enlarged calibre made upon the surrounding nerve matter was sufficient to keep up the general paralytic and paretic state.

Very naturally, the family, as well as himself, became anxious on account of the slow improvement, and requested me to call in counsel one or more physicians who made diseases of the nervous system a specialty.

I requested the attendance of Dr. J. S. Jewell and Dr. N. B. Delamater: the former a well-known neurologist, author, and teacher, in the allopathic school; the latter, lecturer on mental and nervous diseases in the Chicago Homœopathic College.

Both, after a thorough examination of the case, confirmed my

diagnosis given above. The treatment advised by both physicians was *homœopathic*, as I will explain further on, but the *remedies* were different. Dr. Jewell advised *Strychnia* in doses of one sixtieth of a grain three times a day, increasing gradually till one fortieth of a grain was reached. Dr. Delamater advised *Oxalic Acid*[30]. It is just here that I wish to explain why both remedies were homœopathic.

The primary effect of strychnia is to cause an acute congestion of the motor tract of the spinal cord, and the recorded symptoms of that poison (*vide* Allen's Encyc. of Mat. Med.) has a marked resemblance to the symptoms exhibited by Mr. P——. I have experienced the milder grades of strychnia poisoning myself, and observed its effects in many cases, and know that the numbness, cramps, stiffness, soreness, etc., are characteristic of its pathogenesis. It is true that in acute myelitis we do not often see tetanic spasms and hyperæsthesia, neither do we see those symptoms from mild cases of poisoning with strychnia. In acute spinal meningitis, we *do* get all the tetanic, spasmodic, and hyperæsthetic symptoms caused by strychnia, but strychnia may first cause congestion of the parenchyma of the cord, before it can cause congestion of the meninges.

Mr. P——'s case seemed to me to resemble a case of mild or subacute poisoning with strychnia, which stopped just short of meningeal congestion, or inflammation. He even had the contractions and jerkings of the muscles and tendons which usher in the spasmodic symptoms of strychnia.

But at the time of the consultation the symptoms had come to resemble very closely the secondary symptoms of nux vomica, or strychnia, for acute congestion and irritability had been replaced by torpor and paresis of the gray matter of the cord. I asked Dr. Jewell why he ventured to advise strychnia, in opposition to the advice of Hammond, Hamilton, Rosenthal, and others. He answered that his advice was based on personal experience, and from a belief that in the condition of passive stasis of the blood, owing to the paretic condition of the coats of the blood-vessels of the cord, strychnia in small doses would act as a "stimulant" to the circulation, and thus restore the vessels to their normal tonicity. He admitted that he would not dare to prescribe even smaller doses of strychnia in the first stages of the disease, for fear of aggravating the condition.

I am satisfied that the scientific homeopathic treatment of this case would have been the administration of *Aconite*[1x] and *Strychnia*[30] during the first (primary) or acute inflammatory stage. But this patient had passed by the stage where highly attenuated strychnia could do any good. The nerve centres of the motor and trophic tract of the cord had become *exhausted* from the

over-stimulation of the primary congestion. Strychnia causes the same over-stimulation, followed by the same exhaustion and paresis.

Dr. Delamater's suggestion of oxalic acid was a strictly homœopathic prescription; for that poison acts on the nerve centres of the cord, and causes primarily a paretic condition, preceded by some symptoms of irritation. He claims to have used it successfully in his large clinics, in many similar cases, with good results.

In this case, I decided to use strychnia, for several reasons.

The patient was unusually intelligent and well-read, and was one of those persons who claim the right to decide for themselves. He asked Dr. Jewell to explain to him why he advised strychnia, and how he expected it to act. He also knew very well that strychnia and nux were extensively used in paralysis. He inquired in relation to the experience with oxalic acid, and I was forced to confess that its practical and successful use was very limited. I explained that both were homœopathic to his condition; the former by its secondary, the latter by its primary action.

He asked for a thorough trial of strychnia first, to which I readily consented.

In relation to the dose, I selected it in accordance with the *law* which I have so often insisted on, namely: —

Where the symptoms of the disease resemble the secondary effects of a medicine, that medicine must be given in the low attenuations or material doses.

Our school has almost ignored strychnia, because of inability to understand how it could be given homœopathically in material doses; and all this time the allopathists have been making splendid cures with it, which we should have made, and appropriated the honor for our *law* and our *system*. The assertion made by many of our authorities, that we should use minute doses in all cases, *because in all diseases the susceptibility of the diseased system is increased*, is only true so far as *primary* symptoms and conditions are concerned. In *secondary* states, the reverse is the rule. For example, patients with paresis and paralysis can take a great deal more strychnia without feeling pathogenetic symptoms than can a healthy person.

In Mr P——'s case, I began with one hundredth of a grain three times a day. The concomitant treatment was mild *Faradization;* and *massage* seemed necessary, for some of the muscles of the lower extremities had commenced to atrophy.

At the end of the week little or no improvement was manifest. The dose was raised to the one seventy-fifth of a grain, with small improvement at the expiration of the second week. The one fiftieth of a grain was given for a week, when decided improvement set in, and continued for two weeks, when it ceased.

Dr. Jewell advised the one thirtieth of a grain, and under its use rapid improvement set in again. At this juncture a suggestive accident occurred. A careless drug clerk prepared the solution of strychnia, so that the usual dose of a teaspoonful contained the one fourth of a grain. After the second dose of this preparation, he became alarmed and sent for me, complaining that he experienced the same symptoms as at the beginning of his illness.

These symptoms lasted forty-eight hours, gradually decreasing until they passed away, leaving the condition no worse, but rather better than before the pathogenetic dose.

(This was confirmatory of the homœopathicity of the remedy.)

In conclusion, Mr. P—— steadily and rapidly improved until, after the eighth week of this treatment, he was able to ride out and attend to his regular business.

At the July meeting (1880) of the American Neurological Society, Dr. Jewell narrated this case with several others of a similar character, cured by strychnia. As this use of strychnia was at variance with the usual treatment, it excited a good deal of heated and earnest discussion. It was evident that some of the members suspected the homœopathicity of the drug to the disease, and its action was explained as a "stimulant to the exhausted nerve centres"; but even granting that it acted as a stimulant (and possibly all homœopathic remedies act in that way), the old school cannot escape the fact that strychnia acted in these cases according to the law of *similia.*

I believe the day is fast approaching when they will be forced to admit the truth of our law of cure.

I also believe that it will not be long before our school will universally adopt my *law of dose*, as regulated by the primary and secondary action of drugs.

When this is admitted and acted upon, our therapeutical resources will be vastly increased, and we shall be much more successful in treating a large class of diseases.

It will also enable us to appropriate all the real cures made by the allopathic school, and thus destroy forever their dependence on the law of *contraria*, as a law of cure.

RHODE ISLAND HOMŒOPATHIC SOCIETY.

REPORTED BY THE SECRETARY, GEORGE B. PECK, M. D.

A REGULAR meeting of this society was held at the residence of Dr. E. D. L. Parker, in Pawtucket, on Friday afternoon, April 23. The president, E. W. Sawin, M. D., occupied the chair. The late presiding officer, Dr. Gottschalck, presented his annual

address, deferred from the last meeting. It noted the progress of homœopathy in the State during the quarter-century of his residence therein, its present condition, and the essentials of future progress.

Dr. Wilcox reported that he had held two autopsies within a week. One of the gentlemen died of primary cancer of the liver. He complained of a pain in the side about the middle of January, and died about the middle of April. The variety of the affection was scirrhus The other had lived long beyond the appointed threescore and ten, finally succumbing to abscess of the kidney. The singular feature of his case was the circumstance that while enjoying robust health for the last forty-five years, he had carried in the apices of both lungs numerous deposits of calcified tubercle and very considerable cavities. About a half-century since he was given up to die by the late Dr. Mauran, having suffered from several severe hemorrhages.

Dr. Gottschalck reported an extraordinary case, manifesting the most serious symptoms while the temperature did not exceed 100° F. He diagnosed it as gastritis with enteritis.

Drs. Budlong, Gottschalck, and Peck made appropriate mention of the recent session of the Massachusetts Homœopathic Medical Society, and their cordial reception by its membership.

A question of internal polity has frequently obtruded itself upon the society's attention. This time it would not down, so after an hour had been devoted to its sharp discussion, a two-thirds vote deprived it of all activity if not vitality. The *decision* of itself rendered the gathering a success.

The society now repaired to the spacious dining-room, where an abundance of oysters, ices, cakes, fruits, and other delicacies was elegantly served An hour glided by most rapidly in the consideration of their excellences, and in social converse. The hour of nine was passed ere the company separated, each laden with pleasantest memories of the hospitality of their host.

A RHODE ISLAND CLAM-BAKE.

Upon invitation of Dr. T. H. Shipman, of Bristol, the society held another meeting at Mount Hope, on Friday, July 23. At half past two a party of some twenty doctors and would-be doctors, three of whom were ladies, left Providence in the small but comfortable steamer "Fanny" in search of rest and recreation. Though umbrellas, gossamers, and woollens abounded, and were useful too, the spirits of none were dampened by occasional dashes of water, whether salt or fresh. All seemed to rejoice that a legitimate excuse had been afforded for a half-day's escapade from pestilential odors and stifling imprisonment.

Two hours had not elapsed when the voyagers were safely moored 'neath the shadow of the mount. As this was a *terra incognita* to most, and as knowledge was one of the chief objects of the expedition, it was decided at once to scale the rocky height, and glean such information as could be found on its summit. Despite frequent sprinkling, and slippery paths, the task was accomplished, twenty minutes devoted to historical and geographical lectures from the more intelligent gazers, and a retreat effected with safety and in good order.

Assembled at length in the pavilion, Dr. Sawin called the society to order. Various items of routine business were transacted, when Dr. E. D. L. Parker, of Pawtucket, exhibited a fatty tumor removed by himself on the previous day from the nates of a woman seventy-six years of age. It had been growing thirty years, and weighed five pounds.

Dr. Peck read the first draft of a paper presented at the late session of the American Institute of Homœopathy at Milwaukee. It treated of one of the most serious difficulties obstetricians ever encounter, — placenta prævia. Its conclusions were based on communications received from more than a hundred and twenty homœopathic practitioners, representing nearly every Northern and Western State. Seventy-six physicians had never encountered the complication. Ninety cases of every variety were reported. Fifty-seven partial cases were attended with the loss of a single mother and eleven children, while thirty-three complete cases cost seven mothers and twenty-one children. He gave explicit directions for the management of every variety and condition that can exist. The principles inculcated were rather different from those ordinarily found in text-books. He believes the ordinary percentage of loss in these cases to be entirely inexcusable, and due to ignorance and irresolution.

(The reporter deems it proper to state in this connection that the most difficult part of the preparation of his paper on placenta prævia was weighing the testimony submitted. One practitioner informed him that he had encountered a given number of cases, with such and such results; that he had attended in all so many accouchements. The date of his graduation was known. Very few exercises in mental arithmetic showed that the physician must have attended four confinements a week, with only here and there a brief vacation; also that, unless he had been as successful in slaying as in delivering children, from one fourth to one third of the entire population of his town had not yet approached puberty! Of course his evidence was rejected. The man lives not a thousand miles from Boston. The incident is mentioned simply to show that every possible precaution was taken to render the statements accurate.)

Dr. Peck also made a verbal report as delegate from the society to the American Institute. He briefly sketched the salient features of the gathering at Milwaukee, and referred to the "Hahnemannian Monthly" as containing the best report to be found outside the Transactions.

Dr. Gottschalck stated that he had just been privately advised that the next session of the Institute would be held at Long Branch.

Dr. William D. Anderson, of New Haven, president of the Connecticut Society, Dr. Henry E. Stone, of Fairhaven, and Dr. Macomber, of New Jersey, were present. Although declining to make formal remarks, they contributed by their professional conversation as much to the profit, as by their social to the enjoyment of the occasion.

The secretary announced the reception of copies of the second annual report of the State Board of Health, including last year's registration for all members of the society, and supplied those who were present.

Clams were now ready, so a speedy adjournment to the dining hall was effected. There were found not only the indispensable bivalves, but lobsters, corn, fish, fritters, chowders, all of the best quality, with cake, tea, and cigars as extras. (Don't tell your patients that!) The duty required was quite novel to some, yet after appropriate hints, it was well performed by all.

The bowling-alley next received a call from those specially desirous of avoiding dyspepsia, while others of more æsthetic tastes revelled in the gorgeous sunset flooding Fall River with golden light, and crowning Tiverton Heights with the queenly bow of promise. One very enthusiastic worshipper at Nature's shrine reclimbed the mount that naught of the majestic beauties of the hour should escape him. And thus it was that the shrill steam-whistle indulged many times in its most diabolical screechings ere it could dispel the material and spiritual charms that riveted the travellers to the spot.

Dark night had settled upon the waters ere they had reached the centre of Mount Hope Bay. The moon vainly struggled to penetrate the clouds, but the blackness simply intensified the glories of the lesser lights. Soon a radiant floating palace approached from astern, but ere it overtook, the paths bifurcated and intervening isles concealed. Then the "Bradford Durfee," resplendent 'neath a shower of fire, glided by, while the electric lights of Rocky Point lured to the farther shore. Ghostly shadows suddenly loomed before, and on either side, with nearly every mile of passage, craft of lazy shippers who risked their all to save a little oil. Four bells had struck ere the party was landed safe and sound on the Providence wharf. They were grateful to Dr.

Shipman for the generous entertainment provided (having suitably "resolved" before leaving King Philip's seat), and kindly mindful of Capt. Gibbs, whose service they mean to secure when next entering upon a marine expedition. The only cause for regret was the absence of all our Bay State friends!

Reviews and Notices of Books.

THE SIXTEEN PRINCIPAL HOMŒOPATHIC MEDICINES. London: E. Gould & Son. 1880.

This is a new edition of a little domestic work of 263 pages, compiled from the standard works of Jahr, Hull, Hempel, Bryant, Hale, etc., by a physician whose name does not appear, but whose residence is put down as Bath This differs from most other domestic works in its arrangement, being planned more after the style of physicians' manuals. Being confined, as it is, to the sixteen most important and fourteen supplementary remedies, and prepared with the idea of simplicity prominently in view, it is much more serviceable as a domestic manual than most of the larger books of the kind. A handy, brief materia medica is appended.

SCHOOL AND INDUSTRIAL HYGIENE. By D. F. Lincoln, M. D. Philadelphia: Presley Blakiston. Boston: Lee & Shepard. 1880.

This is the last of the series of twelve American Health Primers, and compares favorably with the rest. The first part, School Hygiene, comprises short chapters on emotional and mental strain, food, sleep, amount of study, exercise, the eyes, school desks, ventilation, heating, drainage, private schools, etc.; and the second part, Industrial Hygiene, on the injurious effects of inhaling dusty and poisonous substances, of atmospheric changes, of accidents, of over-use of certain organs, regulation of hours of labor, etc.

HOYNE'S CLINICAL THERAPEUTICS. Vol. II., Parts IX. and X. Chicago: Culver, Page, Hoyne & Co. 1880.

The object and style of this work, which has been published in "parts," are now pretty well known. In the first volume the author considered thirty-six of the commonest remedies, as *Aconite, Arnica, Arsenicum, Belladonna, Bryonia,* etc. In this volume he likewise discusses every-day remedies like *Apis, Argent.,*

Bapt., Cactus, Carbo, Coff., Digit., Dulc., etc.; and promises at some future time to bring out a third volume of less common medicines, if encouraged by the profession. Great industry has been shown in ransacking our periodical literature of the last forty years, and arranging cases there found under their appropriate remedies, thus rendering available material which would otherwise be to a great extent lost. We hope that Prof. Hoyne will go on.

WHAT TO DO FIRST IN ACCIDENTS OR POISONING. By Charles W. Dulles, M. D. Philadelphia: Presley Blakiston. Boston: Lee & Shepard. 1880. 50 cents.

This is a little book of sixty-four pages, designed to teach the public what to do in cases of drowning, choking fits, burns, freezing, sprains, fractures, wounds, hemorrhage from different parts, poisoning, etc. It is all well enough, apparently, but we fail to see in what respect it is superior to the multitude of its predecessors of similar scope.

DISEASES OF THE PHARYNX, LARYNX, AND TRACHEA By Morell Mackenzie, M. D. New York: Wood's Library of Standard Medical Authors. 1880. pp. 440. Boston: Frank Rivers, 35 Bromfield St.

Dr. Mackenzie has a world-wide reputation in this specialty, and anything coming from him is considered authority. This volume forms half of his new treatise on the Throat and Nose; the second part, treating of the œsophagus, nasal cavities, and neck, not having yet appeared. Having had an unrivalled experience both in special hospital and private practice for twenty years, he is eminently fitted to instruct. This reprint is neatly made, and illustrated by one hundred and twelve wood-cuts.

NASO-PHARYNGEAL CATARRH. By Martin F. Coomes, M. D. Louisville, Ky.: Bradley & Gilbert. 1880. pp. 165. $2.00

What is popularly known as "Catarrh" generally receives by far too little attention in our text-books in proportion to its frequent occurrence; and therefore we welcome any attempt to bring about a better understanding of it. Although we cannot, of course, sanction all the medication here recommended, yet there are many practical points which our physicians may profit by. On page 122 begins a very interesting account of "Infusorial Catarrh" (with wood-cuts of the parasite which causes it), and of the most efficient means of destroying it. Dr. Coomes disapproves of the nasal douche, and of the topical applications of nitrate of silver, which have been so common.

THE PRACTITIONER'S HAND-BOOK OF TREATMENT. By J. Milner Fothergill, M. D. Second Edition. Philadelphia: Henry C. Lea's Son & Co. 1880. pp. 647. $4.00.

To those of our readers who desire to get a good idea of the fundamental principles underlying the therapeutics of the most rational of our allopathic brethren, we could not do better than to recommend this book; for Dr. Fothergill is a close student and thinker, and is very desirous of inducing physicians to have and to be able to give a reason for the faith that is in them, and to prescribe less empirically. On this very account the mere routinist, whose only desire is to know "what is good" for this and that disease, will probably think the book too theoretical. Like the doctor's other writings, this book makes very interesting reading, whether we can agree with it or not. Coming from Lea's house, it is of course handsomely published.

DISEASES OF THE EYE. By J. Soelberg Wells, M. D., F. R.C. S. Third Edition. Revised by Charles S. Bull, M. D. Philadelphia: Henry C. Lea's Son & Co. 1880. pp. 895. $5.00.

This classic work has become so well known in its earlier editions that it needs no praise from us. The long-continued illness of the author, with its fatal termination, has kept it for some time out of print, and has deprived it of the advantage of the revision which he sought to give it during the last years of his life. This edition has therefore been placed under the editorial supervision of Dr. Bull, who has apparently introduced in it all the advances which observation and experience have acquired for the theory and practice of ophthalmology since the appearance of the last revision. To accomplish this, considerable additions have been required, and are enclosed in brackets. The additions made in the previous American editions by Dr. Hays have been retained, including the very full series of illustrations and the test-types of Jaeger and Snellen.

The illustrations now comprise two hundred and fifty-four wood engravings, and sixteen excellent colored lithographic figures copied from Liebreich's "Atlas d'Ophthalmoscopie."

MARTIN'S ATLAS OF OBSTETRICS AND GYNÆCOLOGY. Philadelphia: Presley Blakiston. Boston: Chas. N. Thomas, 215 Tremont Street. 1880.

Reserving our notice for a future number, we have only time at present to call attention to this elegant work, — elegant both from an artistic and scientific point of view, with its ninety-eight full-page plates, containing over four hundred finely lithographed

figures, and its descriptive text translated from the German by Dr. Fancourt Barnes, of London. We particularly desire to suggest to our readers that every general practitioner would profit by owning it, and that to those who have much to do with women's diseases it must be almost indispensable. It is sold only by subscription.

OTHER BOOKS RECEIVED. — Index or Symptom Register to Allen's Encyclopædia. Boericke & Tafel. — Eaton on Diseases of Women. Boericke & Tafel. — Hamilton on Fractures and Dislocations. Henry C. Lea's Son & Co. — Transactions of American Institute of Homœopathy for 1880. — Duncan's Popular Treatment of Children. — Gatchell's What shall I eat, Doctor? Duncan Bros. — Heath's Minor Surgery and Bandaging. Lindsay & Blakiston. — Robinson's Nasal Catarrh. W. Wood & Co. — Beale's Slight Ailments. Presley Blakiston. — Johnson's Therapeutic Key. Boericke & Tafel. — Lindsay & Blakiston's Visiting List for 1881. — Drug Attenuation, from C. Wesselhoeft, M. D. — Trousseau's Therapeutics, Vol. III. Wm. Wood & Co. Fox's Cutaneous Syphilis, 3 parts.

PAMPHLETS — Lennox Brown's Singing Voice. — Rocky Mountain Medical Review. — The Study of Inflammation, as illustrated by Induced Keratitis, by W. T. Councilman, M. D. — Address before the Western Academy at Minneapolis, June 10, 1880, by G. S. Walker, M. D. — Dr. R. J. Nunn, of Savannah, on Diphtheria. — The Hot Springs of Arkansas as a Health Resort, by John B. Brooks, M. D. — The Specialist and Intelligencer, a new monthly journal published by Presley Blakiston. $1.50. — Plain Truths for our Country, by Alice French Mills, M. D. — The Western Farmer of America, by Augustus Mongredien. — The Invalid's Guide, by H. P. Gatchell, M. D. — The Method of our Work, not Faith, is the Basis of Organization of Medical Societies, by C. Wesselhoeft, M. D. — Report of the Bureau of General Sanitary Science, Climatology, and Hygiene for 1880, from Dr. B. W. James, Philadelphia, Chairman. — Transactions of Michigan Homœopathic Medical Society for 1880.

OUR MISCELLANY.

REFLEX ACTION. — A fearful case has been reported, where a wife has hysterics because her husband drinks, and the husband drinks because his wife has hysterics.

APPETIZING! — We are informed through the "Chemist and Druggist" that glucose, which is now so extensively used in confections, is manufactured from old linen rags.

TO PRESERVE RUBBER INSTRUMENTS. — Immerse them for from five minutes to an hour in water of ammonia one part, water two parts. They will recover their elasticity, smoothness, and softness, it is said.

VULCANITE PLATES. — Dr. Sexton, through the "American Journal of the Medical Sciences," states that vulcanite plates, worn in the mouth, produce diseases that are frequently the source of reflex aural disease.

SEX IN UTERO. — The possibility of determining with tolerable accuracy the sex of the fœtus *in utero* from the rapidity of the heart's action has commanded the confidence of many, and is deserving of study. The theory is based upon the clinical observation that the heart of the female fœtus exceeds in pulsations that of the male. That there is an element of truth in the theory is plainly shown by the reports of all who have given the matter attention; but experience has, nevertheless, been far from uniform. Steinbach was correct in forty-five out of fifty-seven cases which he examined, and Frankenhauser made not a single mistake in fifty consecutive cases; but the success of most other careful observers falls far short of such marvellous results.

A QUINTET OF BABIES. — According to the "Medical Record," on the 18th of September, 1880, Mrs. Hazzard, of Monticello, Ill., gave birth to five children. All were alive at last accounts

SENSIBLE (?) DEFINITION OF UNSCRUPULOUSNESS. — In a suit in the Supreme Court in Brooklyn, not long since, Dr. J. S. Johnson testified that Dr. Carnochan, one of the plaintiff's witnesses, was "a man of the highest surgical ability, but of unscrupulous character." Being pressed for a more definite answer as to Dr. Carnochan's "unscrupulousness," Dr. Johnson said that it was a common rumor that Dr. Carnochan consulted with homœopathists!

BELLEVUE HOSPITAL FOOD. — Serious charges have been made by the house staff at Bellevue Hospital, that their food is of such wretched quality and so badly cooked that it is impossible to subsist on the hospital fare alone. The meats furnished are old, dry, and fibrous. As a result of such diet as is forced upon the staff, the most of the number are worn out and sick. Such fare is not offered in any other city hospital; but a position at Bellevue is considered such a prize that the commissioners do not feel inclined to remedy such a trifle as insufficient diet. The young men there think that they work hard and faithfully, and that they are entitled to receive something better than is offered from the cuisine of a third or fourth rate boarding-house.

A SINGULAR CASE OF ABDOMINAL PREGNANCY. — The "Medical Record" has an account, furnished by a Boston physician, of a case of extra-uterine fœtation. The patient was aged forty, and believed herself in her second pregnancy, although she had menstruated regularly. Examination showed that the uterus was empty, but a well-marked abdominal tumor led to the suspicion of extra-uterine pregnancy. The woman was suffering from a most persistent diarrhœa at the time the physician was called, and died a few days later. The autopsy revealed a large cyst in the abdominal cavity attached to the peritoneum, half-way between the symphysis pubis and the umbilicus. There were no adhesions except at this point. On opening the cyst, a fœtus was discovered about eight months old.

The placenta was attached to the internal wall of the cyst, at a point opposite the attachment of the cyst to the peritoneum. On each side of the upper part of the cyst was a small cord, about four inches long, the size of an ordinary steel knitting-needle. At the free ends of these cords were small bodies, like rudimentary ovaries, about the size of a bean. The whole arrangement looked like an effort of nature to transform the cyst into a uterus and to develop the required appendages.

SPECIAL ODORS AS PATHOGNOMONIC OF CERTAIN DISEASES. — The following diseases, according to Dr. Jessen, of Chicago, in "The Clinique," are said to have an odor peculiar to themselves: That of *Morbilli* is like fresh, plucked feathers (Heim); *Scarlatina*, like fresh bread (Heim); *Variola*, like the odor in a menagerie (Heim); *Sudamina*, like decayed straw; *Scabies*, like mould; *Syphilis* has a sweetish odor; *Gout*, a sourish one. In the perspiration of gouty patients, Anselmino found more ammonia than in that of healthy persons; and Behread found the same in typhus and putrid fevers. *Scrofulosis* emits the odor of sour beer; *Icterus* has the odor of musk; in *Scorbutus* and some putrid fevers it is similar to that of decomposed organic matter. Between the odors of *Scarlatina* and *Intermittent Fever* there is a strong likeness; and it is said that Heim was able, on entering the sick-room, to distinguish, by this sign alone, scarlet fever and measles. To Ludwig Heim, of Berlin, has been ascribed the merit of first calling attention to the "odor theory," which he made the special subject of one of his works. This "odor theory," however, antedates Heim many years; nor is Récamier — who succeeded the famous Laennec at the "College of France," and who for forty years (1806–46) was *médécin ordinaire* at Hôtel Dieu, Paris — the only physician of the present century who has learned that "as each flower has its odor, so, likewise, diseases have their effluvia." Any one whose olfactory sense is sufficiently acute can verify the assertion that not only do flowers have their fragrance, and diseases their effluvia, but that every person, creature, bird, plant, and thing has each its distinctive odor. The power of distinguishing these odors is more or less limited, and varies in different persons. If one be unable to detect the sought-for odor in either domain of nature, he may suspect, not that the essence is wanting, but that the olfactory nerves are not delicate or sensitive enough to recognize it.

SIMPLE TEST OF DEATH. — Dr. Peyraut, of Bordeaux, says that if Vienna paste be applied to the body of a living person, the eschar is gray or dark in color; but if dead, it is yellow.

VETERANS IN THE "NEW SCHOOL." — At the last meeting of the American Institute, forty-six members were over fifty years of age; sixteen were over sixty; and four were over seventy.

HELP FOR RED NOSES — Mr. Malcolm Morris, in the "British Medical Journal," says that considerable success has been met with in "acne rosacea" when affecting the nose, through the use of linear scarifications. His plan is to scarify the affected part in parallel lines, allowing some blood to flow. He repeats the operation from ten to twelve times.

A SUBSTITUTE FOR OIL IN SHARPENING TOOLS is given in the "Manual de Technique Microscopique." A mixture of glycerine and alcohol is recommended, the proportions to vary according to the instrument operated on. A razor, for instance, sharpens better with a limpid liquid, as three parts glycerine to one part alcohol. For a graving tool, or any where the cutting surface is very small, glycerine almost pure may be used, or with but two or three drops of alcohol.

VIVISECTION. — The memorial recently presented to Mr. Gladstone for his influence in abolishing vivisection was signed by one hundred representative men, among whom were Cardinal Manning, Prince Lucien Bonaparte, Alfred Tennyson, Robert Browning, James Anthony Froude, John Ruskin, the head masters of Rugby, Harrow, and seven other large schools; also by twenty-one physicians and surgeons, thirty-seven peers, bishops, and members of Parliament. These take the ground that vivisection, even with anæsthetics, should no longer be allowed by law.

DR. GHISLANI DURANT, of New York, was made the recipient of a superb silver cup from Mr. Edwin Booth, in acknowledgment of his services in curing the donor of a serious disease of the tongue. It is a three-handled cup, ornamented with rich repoussé work, and bears three inscriptions: "Let the tongue now laugh," "The mere despair of surgery he cures," and "This 'loving-cup' is presented by Edwin Booth, as a token of esteem, to Ghislani Durant, M. D." All the lettering is done in raised letters of gold.

CANARY ISLANDS. — The London "Times" has received a letter from the British vice-consul at the Canary Islands, warning invalids, who might be tempted by the agreeable climate and increased facilities of communication to visit them, against so doing. Invalids — especially consumptives — who have no personal friends to lodge them are not admitted into any hotel, and cannot hire even an empty house; and there remains for them, therefore, no resource but the hospital.

This gentleman has known instances where persons in ill health, although apparently well, have been summarily ejected from the hotels into which they had been received, so soon as it was discovered that they were suffering from some disease, though not contagious; and they were compelled to leave the islands, to the great detriment of their health.

THE SIZE OF DIFFERENT ORGANS. — In the "Boston Medical and Surgical Journal," H. P. Bowditch, M. D. gives the result of some measurements by Prof. Beneke, of Marburg, relative to the size of different organs at different periods of life and in different morbid conditions.

I. Before the age of puberty, the aorta is larger than the pulmonary artery; after this period the relation is reversed. II. The aorta and pulmonary artery are smaller in the female than in the male, even at those ages when the size of the body is greater in the female sex. III. In adult males the volume of the lungs is greater than that of the liver; in adult females the reverse is the case. IV. In men the volume of the two kidneys is less than that of the heart; in women it is greater. V. Children have a relatively larger intestinal canal than adults. VI. A sudden increase in the size of the heart occurs at the age of puberty. VII. The iliac arteries diminish in size during the first three months of life. VIII. The cancerous diathesis is associated with a large and powerful heart, capacious arteries but a relatively small pulmonary artery, small lungs, well-developed bones and muscles, and tolerably abundant adipose tissue. IX. Pulmonary tuberculosis is often associated with a very small heart. X. In rachitis the heart is large and well developed.

THE SENSE OF SIGHT is irregularly developed in individuals of different countries. The Orientals have physical senses far more acute than the Europeans; owing in part to their atmosphere being less vitiated by the smoke and fumes of manufactories, steam engines, railroads, and steamboats, and especially by the miasmatic exhalations of the living and the dead. The girls of Cashmere (the shawl makers), according to a celebrated Russian author, will show a dyer of Lyons three hundred distinct colors, which he not only cannot make, but *cannot even distinguish.* Wendell Phillips says, "The French dyers of Lyons have a theory that there is a certain delicate shade of blue, that Europeans *cannot see.*"

PERSONAL AND NEWS ITEMS.

DIED. — Oct. 25, Dr. John L. Clarke, of Fall River, aged seventy years.

WE regret that three or four very interesting articles are crowded out of this number.

THE WORCESTER, MASS., physicians have established a homœopathic dispensary, which has a bright outlook.

DR. H. B. EATON, of Camden, Me., homœopathist, has just been elected to the State Legislature, by the largest vote ever given to a Camden man.

GOOD OPENING in Vicksburg, Miss. Dr. Hardenstein, who has been very successful, died Oct. 15, aged seventy-four. Dr. Harper, the only homœopathic physician left, is over seventy, and unable to attend to out-door patients.

REMOVALS. — Dr. F. F. Moore, author of the interesting pamphlet, "Old-School and New-School Therapeutics," has removed from Boston to New York, where he has become associated in practice with Prof. T. F. Allen. —— Dr. Joseph Chase, Jr., from Boston to New York. —— Dr. S. Saltmarsh, from Cincinnati, O., to Lexington, Mass. —— Dr. J. H. Enloe, from Jackson, Tenn., to Rome, Ga.

PROF. DOWLING, who for the past ten years has been lecturing on "General Practice of Medicine," in the New York Homœopathic Medical College, has resigned that position in order to accept the chair of physical diagnosis and diseases of the heart and lungs, recently established in that institution. This is a department of medicine to which Prof. Dowling has long devoted his time, and it will now receive his undivided attention.

ST. LOUIS now has two homœopathic colleges again. Most of the late faculty of the Homœopathic Medical College of Missouri abandoned that organization and obtained a new charter for the "St. Louis College of Homœopathic Physicians and Surgeons." Now another set of men, many of them professors in the former college years ago, have resurrected it, and issue their announcement.

DUNCAN BROTHERS, of Chicago, are now running through the press a new edition of Prof. Ludlam's work on "Diseases of Women," which is said to be remodelled, systematically arranged, profusely illustrated, and to be the largest and cheapest work of the kind issued. They also have in press, to appear in November, a new work by J. G. Gilchrist, M. D., on "Minor Surgery."

THE HOMŒOPATHIC TIMES, of New York, edited by Drs. Egbert Guernsey, Alfred K. Hills, and J. B. Gilbert, we consider one of the ablest of all our journals, in or out of this country, not only on account of its marked literary ability, but also on account of the scientific character of its homœopathy and its sterling common-sense. To each number it appends a fasciculus of sixteen pages, paged separately for future binding, the whole forming a volume of almost two hundred pages at the end of the year, called "The Retrospect of Literature," which, as its name indicates, is intended to serve the purpose of collecting and systematically arranging the best things which have appeared in all our journals. This work, under the direction of Dr. Hills, has been admirably done; the materia medica part contained in this year's April, May, and June numbers being alone worth the subscription price, $3.00.

DR. JOHN BUTLER, of New York, who has for a year past conducted the "AMERICAN JOURNAL OF ELECTROLOGY AND NEUROLOGY," has abandoned that journal on account of a paucity of contributors, or rather has merged it in a new quarterly journal more general in its scope, but with a special leaning to electrology. The first number for October opens well, and is neatly printed. It is called the "MEDICO-CHIRURGICAL QUARTERLY." $3.00 per year. 102 East Twenty-second Street.

THE

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EDITORIAL.

THE LONDON SCHOOL OF HOMŒOPATHY.

ON another page appears a very interesting paper, which was sent to us for publication by Dr. Bayes, honorary secretary of the above school. It gives an insight into the nature of a problem which is sorely trying our brethren in England. Some idea of the importance there attached to the subject can be conveyed by stating that the November number of the "Monthly Homœopathic Review," one of the ablest of our journals, which generally furnishes its readers with quite a variety of medical food, devotes almost all of its seventy pages to its discussion. We have no doubt whatever that the great reason why homœopathy has flourished so much better in America than in England is that for years we have had our regularly chartered schools legally empowered to grant licenses to practise, while they have had to depend entirely on outcomers from the allopathic ranks. Even if a young man has been previously brought up with correct (*i. e.*, homœopathic) therapeutic notions, if he goes to an allopathic school, he is exposed at an immature and susceptible age to a tremendous pressure in the direction of the fleshpots of Egypt; and if he is not sustained by good principles, he may acquire prejudices not easy to eradicate. All of our English confreres, therefore, recognize the necessity of some institution through which to disseminate sound doctrines, but they differ greatly among themselves as to just what it shall be and how conducted. The present school, devoted to lectures

on homœopathic therapeutics, is strictly a private enterprise, open to students of the regular schools and physicians, and confers no powers or legal privileges. There are now nineteen corporate bodies scattered throughout the kingdom which are empowered to grant licenses to practise; but according to present indications Parliament will soon enact a law compelling every candidate in the country to be examined by *one* board, no matter where his education may have been acquired. Most of our English homœopathists at the Leeds Congress in September advised the *laissez-faire* principle, to wait for "something to turn up," like Mr. Micawber; some wanted to get the present school recognized by the London University as competent to give instruction in materia medica; and the majority evinced a desire to sit down on Dr. Bayes, thinking his views visionary and impolitic.

We regret that our exceedingly limited space this month forbids our discussing this subject at any respectable length, and we dislike to presume to offer any advice to our brethren in their dilemma, because the institutions and customs of the two countries are so different, and we find after careful investigation that it is an exceedingly difficult and intricate problem to solve; but perhaps we may be pardoned for expressing our decided conviction that if the alteration of the present medical law in the way expected is, as they say, soon almost inevitable, or at any rate very probable, instead of sitting down and supinely letting this golden opportunity pass by, *now is just the time* to exert all their energy and to strike a blow which shall secure protective clauses of some kind or other in the new law. They did a somewhat similar thing twenty years ago. Why cannot they do this now? If our English brethren, though solid and thorough, had not been proverbially slow, they would have fought hard and accomplished it long ago. In some way or other homœopathists ought to have the power either to grant licenses themselves, or to be represented on the examining boards.

THE other day, as two friends were talking together in the street, a donkey began to bray and wheeze and cough in a distressing manner. "What a cold that donkey has!" said one of the men. "And, by the way, that puts me in mind — how is your cough?"

HOMŒOPATHIC DISABILITIES IN ENGLAND AND HOW TO REMOVE THEM.

BY DR. BAYES, OF LONDON.

[*Read at the Leeds Congress, September*, 1880.]

Mr. President and Gentlemen, — Many of you may have read my letters in the correspondence pages of the "Monthly Homœopathic Review," which have appeared in the numbers for June, July, and August.

In these letters I advocate the formation of a board of examiners, with power to examine and grant degrees to such candidates as shall be able to satisfy the proposed board of their fitness to practise medicine and surgery, and especially as to their competence to practise homœopathy.

I further advocate the formation of a complete medical school, with a hospital of sufficient size to entitle it to teach clinical medicine and surgery fully and well. The enlargement of our present hospital to such a size as shall contain at least one hundred and thirty beds (which would be our lowest limit) would involve so large an expenditure of money that it will probably be some years before this necessary part of a scheme for the formation of a complete hospital and medical school can be carried out.

It would cost £70,000 to enlarge the hospital alone; and although we can prove the necessity for such an outlay, and there are to be found not a few homœopathic patients who could, with but little self-denial, build and endow such an essential part of the school were they so minded, yet it takes some time to engraft the idea of its necessity on the public mind.

The endowment of a new medical school, in connection with the hospital, would require an additional sum of at least £30,000; and we thus see that the need exists of £100,000 before we could safely found our new medical school and its hospital on such a basis and in such a manner as should give it a fair chance of permanence, and a prospect of its allowing us to educate practitioners of medicine and surgery competent to fill the needs of the homœopathic public of Great Britain.

Now, although I feel the great and urgent necessity of such a work, although I am by no means discouraged by its obvious difficulties, I do not underrate the obstacles which surround the fruition of so great a work, and which will for a time retard its success.

There are, however, no impassable mountains to those who have faith to remove them.

We see before us, it is true, a monopoly of medical degrees in the hands of a party which has imposed every possible obstacle against the attainment of education and proficiency in homœopathy, in the way of students and practitioners of medicine. Well, we must break down this monopoly, as many other monopolies have been broken down, by open, manly opposition, by battling for our rights in scientific medicine. We must assert our right to instruct in and to teach homœopathy, and to license those students whom we have taught and found competent to practise, and to place these men on the same platform and endow them with the same privileges as are enjoyed by all legally qualified medical men.

But I do not feel inclined to wait till we have raised the £100,000 necessary to enable us to found an English medical school of homœopathy, with its large hospital and complete organization. Delays are dangerous. Enthusiasm, the mother of new institutions, is short-lived. Therefore, I have looked around to see what we can do towards providing skilled homœopathic medical men immediately or within a reasonable time. Is there any means by which we can obtain a number of good, average (speaking educationally) homœopathic doctors to place in the smaller towns and in the country districts in England, so that wherever 10,000 or even less inhabitants are settled within a given radius, there also may be found a good, reliable practitioner of homœopathy?

I answer, Yes, there is. We must look on this as a cosmopolitan and international question, and not as one narrowed by insular limits. Let us propose to ourselves to form a board of examiners composed of men thoroughly educated in every branch of medicine and surgery, and of all the collateral sciences. I should like this board to design examinations so carefully elaborate in all subjects, both practical and theoretical, as to be a real test of the knowledge of the candidate. I should make the examination both *viva voce*, written, and clinical (carried out at the bedside itself, and not by the written statement of certain signs and symptoms, as is the case in some of the examinations). I should suggest that the candidates for examination should be required to comply with a curriculum equivalent to that required by the Royal College of Physicians or Royal College of Surgeons, according to the intention of the candidate to practise medicine or surgery, — but the therapeutic part of his examination must be based on homœopathic therapeutics; and that before the candidate should be admitted to examination, certificates of having attended the various practical and theoretical courses should be shown to and approved by the board. But where I should depart from the scheme laid down by the British examining

bodies would be the granting permission to candidates to obtain their education at any university or college in America or in any foreign country (as well as in Great Britain), approved of by the board; and I would accept candidates who could show certificates that one year's course had been passed at one centre of instruction, a second at another, a third and fourth at others. The more varied a man's experience, the better physician is he likely to be.

Taking the regulations as to candidates for examinations for the license of the Royal College of Physicians of London as some guide, each candidate must be —

1. Twenty years of age.
2. Of good moral character.
3. With evidence of a good general education, and also
4. Of having been engaged in professional studies for at least four years.

Three winter and two summer sessions must have been passed at a medical school recognized by the examiners, and one winter session and two summer sessions must have been passed either in attending the practice of some hospital or other institution recognized by the Board of Examiners, or as pupil to some legally qualified practitioner holding a public appointment, giving opportunities of imparting practical knowledge of medicine, surgery, and midwifery, to the satisfaction of the examiners.

We should propose that the student's fourth year should be passed in attending the practice of our London Homœopathic Hospital, or at the Birmingham Homœopathic Hospital, or at the Liverpool Homœopathic Dispensary, and also the lectures of the London School of Homœopathy, or at some other homœopathic university, or medical college, or school, to which a hospital or dispensary of sufficient size is attached, where the opportunities for clinical teaching are such as shall satisfy the examiners.

By the scheme I propose, the greatest amount of liberty for the acquirement of medical and surgical knowledge would be given, and we should invite the students from any well-constituted medical school to take the fourth year with us at the London Homœopathic Hospital and London School of Homœopathy.

The education, for the first three years, might be obtained at any approved medical school, allopathic or homœopathic, at home or abroad; but the fourth year must be devoted to the study of homœopathy in some hospital, dispensary, or school, whose teaching is recognized by our Board of Examiners.

An American physician desiring to settle in England, and to bring over his son (a graduate of Harvard College) for a like

purpose, intending that he should pass a year at the London School of Homœopathy, forwarded me the following letter:—

LONDON, Jan. 30, 1878.

DR. BAYES:

Dear Sir,—Allow me to say that rather than have the matter in suspense, I yesterday ventured to risk an examination by the medical council, but was politely informed by the registrar (Dr. Pitman) that the said council had lately decided not to recognize hereafter any college that graduated M. D. students short of *four years* of study; and as no one in America insisted on that time (only three), the council had dropped even the *five* or *six institutions* heretofore recognized.

This course leaves myself and son quite excluded from practice here, unless, as Dr Pitman said, we should spend another year in study (allopathy of course) and then be examined for the M. D. in England. This unexpected announcement has quite discouraged me for the future.

Ever truly your friend and obedient servant,

E. G. K.

This letter shows that the course I have above proposed would satisfy the requirements of the medical council, provided the extension in time of study were passed at a recognized school.

Therefore, were it not for the monopoly by which all medical degrees (and the granting them and the recognition only of lectures which teach but one side of medicine) are placed under the control of the opponents of homœopathy, we should be able to utilize the excellent teaching of the American universities, colleges, and schools as a means for supplying our want of homœopathic practitioners in this country.

Are we to submit to the unfair disability which this allopathic monopoly of medical degrees imposes on us? Homœopathy is not taught scientifically in any one of the nineteen recognized medical schools in Great Britain. The law refuses to recognize the degrees of the universities, schools, and colleges of other countries in which homœopathy is taught scientifically. I say, no! we must submit no longer.

Let us form a strong examining board; that is the first step. Let it be carefully chosen from such men among us as are fully and legally qualified. It would be invidious to mention names at the present stage of the question; but I may say I have already the promise of support from several registered physicians of ample attainments and qualifications. That a complete board can readily be formed I have not the slightest hesitation in affirming.

I do not propose anything so utopian as to appeal to those holding the present reins of power under the existing allopathic monopoly.

I would proceed to the formation of the proposed board of examiners with as little delay as possible. The qualifications of the men chosen should be such as to insure the responsibility of the board and the respectability of its certificate or diploma.

If a candidate proved his competence to the satisfaction of the examiners, I would advise him to demand registration at the hands of the medical council. If this were refused him, he should enter into practice. He would possess, say an American or other foreign degree; he would have completed his medical education in accordance with the curriculum demanded by law; he would have been examined by a board consisting of men legally qualified and capable of certifying his proficiency in all subjects required by the colleges of physicians and surgeons: and if he were summoned for an infringement of the Medical Act, it would be the duty of the board to protect him at its own expense. It is improbable that a magistrate would fine a physician prosecuted under such circumstances; but if he did, the case should be carried up to the highest court, if need be, and one such case would do much to obtain us a charter of independence.

My chief fear would be that, as in the case of Dr. Quin *v.* the College of Physicians, no such action would be taken.

In this latter case two courses of action lie open:—

1. The obtaining a charter conferring the right to grant degrees.

2. The seeking or even compelling recognition of our degree or diploma from the medical council, so that men holding our certificate might be placed upon the medical register.

Either of these courses has its advantages. Probably the latter would be chosen by those whose minds tend to conservatism; while the free and independent liberals and radicals of science would prefer the clearer heaven of the former.

Some minds may look upon the proposal as one against law and order; but an accomplished fact is a strong point, and we need strong points. Some may have the extreme objection to originality of action which is apt to be inherent in the insular mind. Let me remind those who think thus, that it is but a few years since a monopoly of metropolitan physicians' practice lay in the hands of the Royal College of Physicians, of London; no man who did not possess this diploma had a legal right to practise within ten miles of Charing Cross. The Londoner despised the holders of Scotch and Irish degrees as heartily as some Englishmen may discredit the American diplomas of to-

day. The London monopoly was broken up by the persistent breaking of the unjust law by physicians invading London from north of Tweed and from the Emerald Isle, in such numbers that down went the monopoly. Let us follow this example.

I have lately been much interested by the perusal of a case of hardship owing to this monopoly. Dr. Thomas, formerly of Chester and now of Llandudno, went to America and studied medicine at a homœopathic college in Philadelphia. He passed his examination and took his degree before the passing of the new Medical Act. Consequently, he had every legal right to register. But the medical council refused to register him (the inference being that such refusal was in consequence of his degree being homœopathic). He took legal advice, and Mr. Justice Lush (Q. C. only at that time) gave his opinion that the medical council could be compelled to register him. But Dr. Thomas shrank from the great expense which might be involved in a contention with the medical council, and forbore to press his claim further. Ought we to permit an unjust monopoly thus to exclude a well-educated physician from the register, because he is a homœopath? Ought we not rather to support Dr. Thomas, and to give him the strong grip of the friendly hand? It is time we should refuse to be down-trodden longer. We have our precedent* for the adoption of a bold policy in Dr. Quin's successful defiance of "law and order," in resisting the mandate of the Royal College of Physicians, founded on this very monopoly. On his refusal, they threatened him with pains and penalties; he opposed them by "silent sedentariness," and then they let him go. (See Dr. Hamilton's Memoir of Dr. Quin.)

How can we gracefully, or even consistently, invite our American brethren over here next year to our proposed international congress, and refuse to acknowledge American homœopathic degrees as equivalent to all others? Unless we invite these gentlemen here as recognized, scientific, and well-instructed physicians, we had better let the congress alone. The present position of England as to American and foreign diplomas is as ridiculous as it is insulting.

If a man is recognized by us as an honorable and praiseworthy member of our common profession in America or any other foreign country, he cannot be treated by us as a charlatan in England. A physician of education is a physician everywhere. We must acknowledge no insular nor territorial limitations.

I care nothing for victory over our enemies or opponents. It is not from an antagonistic feeling toward them, nor from a desire to triumph as a partisan, that I ask you to advocate this

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* How dear is a "precedent" to a Britisher!

course. Our active endeavor to provide well-educated homœopathic practitioners for the service of the public should rise from a far higher motive.

When, in conjunction with a few friends, I commenced the movement for the public teaching of homœopathy, by founding lectureships and a school, I saw that the allopathic tactics were arresting the number of earnest converts to the homœopathic system of medicine.

It is useless and puerile to a degree, to point, as to a compensating circumstance, to the supposed fact that a given number of allopathic medical men are prescribing a few of the same medcines as are used by homœopathic doctors. These men are not converts. They do not prescribe homœopathically. The very essence of Hahnemann's great reform, the careful individualization of symptoms, in each individual case of disease, is wholly wanting in their examination of their patients. For the most part they are wholly ignorant of the finer shades of the pathogenesy of the medicinal drugs they prescribe. At the best, these men are mere *sign painters*, not finished artists. They have no real knowledge of the science of homœopathy. They deny (and truthfully) that they are homœopaths. Let them go; they are of no use to us, and of very little use (speaking homœopathically) to their patients, and do nothing to further the science of homœopathy.

Those who are acquainted with our homœopathic literature will find that for the past fifty years and more, our early English fathers (speaking also homœopathically) have been teaching all who would listen to them, and especially impressing on the British public, that statistics prove that patients treated homœopathically recover from acute diseases in a far greater ratio than do patients treated allopathically in the same diseases. Sometimes the homœopathically treated cases recover as ten to two which recover allopathically; and the statistics as to cholera, yellow fever, pneumonia, etc., as reported in our journals, in pamphlets, and in other works, show that where one hundred cases die under allopathic treatment, only from fifty to ten, or less, would die under homœopathic treatment.

Now, those who reported these statistics are reporting a great and important truth, or are most mischievously and perniciously distorting facts.

If, as I believe, they tell the truth, how can we withhold our active support from any *bona fide* and honest endeavors to enlarge the number of well-instructed practitioners of homœopathy?

It is the consideration of the fact that while America has (in the same period of time) founded eleven noble medical institutions to promote scientific instruction in homœopathic medicine,

and to supplement such instruction by granting degrees, diplomas, or licenses to practise, to such men as have proved themselves competent, we have not supported a single school of homœopathy until the last three or four years ; and still the majority of our practitioners fail to give it that active support, and would deny it the practical power of licensing to practise, which alone can make it a real success.

That there are active opponents to this necessary effort, even among men calling themselves homœopaths, is as great an astonishment as it is a grief to me.

It is well to point out to those homœopathic physicians who oppose every united effort to increase the number of homœopathic medical men in England, that by just so much as they are successful in checking the progress of those who would educate medical men fit to practise it, they are, on their own showing, by uncontroverted statistics, aiding and abetting those who are daily increasing the annual mortality of these islands. Either these men believe or disbelieve in the statistics which they have published and circulated. They are therefore either propagating an untruth, or they are allowing an increased mortality, which it is in their power to prevent. On the horns of this dilemma I leave them impaled.

Those who, like myself, believe that homœopathy saves a very large percentage of human life, see their course clear. They will not consent to aid and abet in the constructive sacrifice of human life and health involved in the continued non-instruction of the medical student in the science of homœopathy in this realm, and they will join in the endeavor to obtain the necessary legal powers to teach and to license the students of our school.

Mr. President and gentlemen, in my enthusiasm for the life-saving and disease-curing powers of Hahnemann's reform, let my excuse for strong words, if I appear to any of you to have used such, be found in my earnestness. The present Premier's definition of a "radical" equally fits the conscientious medical reformer; for above all things he is too "a man who is in earnest," and we are told of such, "Seest thou a man diligent in his business? he shall stand before princes, he shall not stand before mean men."

DRUG SPECIFICS.

WITH ONE MORBIFIC CAUSE, WHY MANY REMEDIES?

BY J. P. DAKE, M. D., NASHVILLE, TENN.

"When I was young I possessed twenty remedies for every disease; but when advanced in age I found twenty diseases without a single remedy." — *Dr. Radcliffe.*

THE term "specific," in medicine, has had various meanings. Sometimes it has been applied to a remedy considered curative in *one form of disease* only; again to a remedy considered the *only one* for a particular disease; and again to that which is supposed to be the *best of all remedies* in a given affection.

Empirically, hypothetically, or scientifically, in one way or another, medical men have been striving to arrive at a knowledge of specifics.

Often has the empiric shouted the praises of a medicine as before all others, as the sole and sufficient remedy for some dreaded disease, and not much less often has the theorist done the same in behalf of his favorite drug; and yet, when a few years have passed, the much-vaunted specifics have been cast away for others of later birth. Hopes raised and disappointments realized, coming in such rapid succession and for such a length of years, have caused physicians as well as people to say, *there are no such things as specifics in medicine.*

But let us see. Here are ten persons exposed to the influence of a single morbific agency at the same hour. In a few days, with little difference of time, the ten have the same disease with slight variations in symptoms. The same tissues are affected in all, and the same organs are disturbed; the sufferings of some being greater than those of others, and particular symptoms appearing earlier, perhaps, in one than another.

Why should it be unreasonable that *one* medicinal agent should so affect the tissues and organs, invaded by the *one* morbific agency, as to restore health?

An important step toward a knowledge of what tissues and organs are affected, and in what manner, by various drugs, was taken by Hahnemann. He inaugurated the proving of medicines upon persons in health, — a method now coming into favor more and more throughout the medical world. The ablest writers upon materia medica in the old school now urge the great importance of having the physiological or pathogenetic effects of drugs as a basis of therapeutics.

Another most important step toward a knowledge of how medicines must affect tissues and organs, in order to restore them to health when diseased, was taken by Hahnemann. He

discovered the principle that an existing disease must be removed by the institution of a similar one, or by an influence capable of affecting the same tissues in a similar manner. This principle had long before been recognized as one of limited scope and applicability, while to Hahnemann the credit must be given of making it known as *a general law of nature*, governing the use of *all pathogenetic means* in the cure of the sick.

In the effort to arrive at what we may term "rational specifics," — the fewest and most efficient remedies for each form of disease, or the special and most important diseases in which each drug is useful, — Hahnemann has contributed more to the aid of the profession than any other man who has ever lived.

The extent to which the medical world is indebted to him does not yet appear, nor will it ever be realized till the healthy vital test, or physiological experimentation with drugs and other pathogenetic agencies, is more thoroughly and carefully applied. If the professed followers of Hahnemann do not mend their methods and provide against the many sources of error now vitiating their symptomatology, others, led into the experimental field by one purpose and another, will prosecute the much-needed work, and thus supply the most indispensable knowledge ever called for in the therapeutical application of medicines.

But I did not start out so much to speak of Hahnemann and of his contributions to medical science, as to inquire into the possibility of simplifying and rendering more certain the selection of remedies in practice.

If a morbific agency, a single factor, impressing a certain tissue of the human body, gives rise to an almost uniform series of symptoms in thousands of cases, not in one country alone, nor amongst the people of a single race, but in all countries and among all races of men, there is no valid reason why a medicinal agent, a single curative factor, may not remove the whole series of symptoms so singly and distinctly developed.

Individual peculiarities and differences weigh against the specific remedy no more than against the specific morbific cause. If variations in medicinal effects occur in persons of different temperaments and habits, so they are found to occur in morbific effects, in the same persons.

Our ignorance of the positive and full effects, in the healthy human organism, of the articles constituting our materia medica, has obliged us, in our therapeutic lists, to place over against a single morbific agency ten, twenty, and sometimes a hundred different drugs!

The want of *one kind* of knowledge to-day lumbers up our repertories and our works on practice, to such an extent as to make them truly appalling to the earnest student and the honest practitioner.

But I will not enlarge upon this interesting point.

Let us take a few examples to illustrate our meaning, and to show something of what has been arrived at already in the line of specifics.

SYPHILIS. — MERCURY.

An impure coitus, affecting one tissue, gives rise to a series of symptoms with great uniformity, regardless of the race, country, and habits of those exposed.

Research and experiment have pointed out, and clinical experience has confirmed *Mercury* as the agent capable, above all others, of following and procuring the expulsion of the syphilitic poison.

It cures in obedience to the law *similia.* Whatever mixtures or nostrums have gained reputation in the treatment of this fell disease have contained this article in some form as an ingredient.

However much benefit may have been derived from other remedies employed, from time to time, in connection with *Mercury*, they have simply served to dispose of troubles arising from other causes than the syphilitic poison, perhaps from the excessive use of *Mercury* itself.

INTERMITTENT FEVER. — CINCHONA BARK.

The inhalation of a vapor, a "ground air," possessed of a peculiar property, affects persons at a certain season and in special localities in quite a definite and uniform manner.

Research and experiment have brought into use the Peruvian bark, as the agent before all others efficient in overcoming the influence of that dreaded malaria.

It has proved itself capable, in one form and another, of curing more cases of chills and fever than all other remedies together.

It cures in obedience to the law *similia.* Hardly a pill or powder or species of drops, widely known as a good chill remedy, has been made up without embracing some product of the "bark" as a component.

Other articles and agencies have cured or seemed to cure intermittent fever, but they have accomplished little in comparison with this. Cases here and there have recovered under their influence, while cases everywhere and of all grades of severity and nearly all shades of symptoms have yielded to the "bark."

Relapses and renewals of the paroxysms have occurred after its use no more frequently than after the use of any other remedy selected by the most microscopic individualization.

I must say, before passing on, that a great deal of unnecessary trouble has been occasioned by the excessive use of the bark in some of its forms. The *cinchonism* has been too great in many cases.

ASIATIC CHOLERA. — CAMPHOR.

A mysterious something, supposed to have been born on the banks of the Ganges, taken into the human system, has given rise to a disease, quite uniform in its manifestations and dreadful in its results. Experience has led to the use of *Camphor* more than any other remedy in combating this Asiatic destroyer.

Though mixed with *Opium* often and *Calomel*, and sometimes with half a dozen other useless drugs, this one article has saved more lives during cholera epidemics than all others put together. When used alone, it has shown its power most happily.

It cures in obedience to the law *similia*.

Supplemented by *Cuprum* and *Veratrum album*, it has done a famous work since the year 1830.

SCARLATINA. — BELLADONNA.

Something cast off by a sick child having sore throat, high fever, and a peculiar exanthem, taken in by other children, gives rise to the same symptoms in them.

The affection passes from one to another, and through an entire community, showing the same essential characteristics in every case. Observation and experiment have brought forward *Belladonna* as the most efficient remedy, as well as prophylactic, in cases of scarlet fever. During a period of eighty years no other agent has appeared to dispute successfully the claims of this article to the highest place among the remedies for that disease.

It cures in obedience to the law *similia*.

Other homœopathic remedies are sometimes employed in scarlet fever, but they are subordinate or secondary in importance.

I might easily go on with these examples, mentioning other well-marked affections for which specifics of more or less value and fame have been found, but these are sufficient for my purpose.

In conclusion, I would say that true progress in the art of healing must be in the direction of specifics. The essential causes of the diseases to which humanity is most subject, especially of such as become epidemic and most destructive of human life, are not so very numerous and changeable. They are to be studied, as any other factors are studied, in the effects of their own action, and in the environment of their subjects.

And the essential remedies for human ailments need not be so many as we now see displayed in our books on materia medica and therapeutics. I predict the time when nine tenths of the drugs now in use will be cast aside as worthless, and that time will come soon or late, according as thoroughness and despatch or laxity and sloth may rule the work of drug proving.

I fully appreciate the fact that the specifics of this decade may not be the specifics of the next. Each one must give place to that which physiological experiment and clinical experience declare to be its superior. But, as I have intimated, the value and permanency of specifics will forever depend upon the rigid application of the healthy vital test, in the development of pathogenesy and of the law *similia* in therapeutics.

A CASE FROM PRACTICE.

BY E. B. SQUIRE, M. D., BOSTON.

THE following case is written out mainly from memory, and is therefore somewhat incomplete, but I trust it may be of some interest to the readers of the GAZETTE.

Mrs. C. P. ——, aged thirty, blonde, nervous temperament, was delivered in November, 1879, of a healthy male child. Recovery was slow, she being confined to her bed for several weeks; has had ill health ever since, suffering from bearing-down pains and offensive leucorrhœal discharges, with much weakness and pain in the back, for the relief of which I was called July 1, 1880. I diagnosed subinvolution of the uterus, and prescribed *Lilium tig.*, from which some relief seemed to be obtained. July 14, afternoon, was called in haste, and found the patient presenting the following symptoms: High fever; pulse 140, temperature 105°; violent pains in the back and limbs; abdominal tenderness; great thirst; urine high-colored and scanty; there had been a few loose, offensive stools. Prescribed *Acon.* 1^{x} in water, a spoonful every half-hour. July 15, forenoon, pulse 120, temperature 103°; had during the night very frequent, painful, brown, offensive stools, estimated at fifty during the twelve hours following my last visit; the nurse had counted ten in one hour, and six and eight during other hours. The patient had perspired very freely. *Arsenicum* 3^{x}. Afternoon, discharges less frequent; continued the remedy in alternation with *Bapt.*

July 17. Rectal discharges in a measure have ceased, but a new symptom has suddenly appeared; viz., very profuse and frequent uterine discharges consisting of greenish flakes mingled with a mucous-like substance, and of a sickening odor, each dis-

charge being preceded by terrible pains in the back resembling labor pains. Digital examination discovered the uterus considerably enlarged, the cervix soft, and the os open, readily admitting the finger.

Gave intra-uterine injections of diluted *Bromo-chloralum* every six hours, and ordered vaginal injections of the same every three hours, and internally *Ars.* and *Secale cor.* in alternation hourly.

For the next three days there was little change; the discharges became less frequent, but the pulse averaged 120 to 125 in frequency.

July 21. A sensation as though the head were being drawn backward, which the patient had felt at intervals since the first of the attack, became more marked, and to-day she was seized with convulsions; a rapid nodding motion of the head alternating irregularly with an equally rapid rolling of the head from side to side, with twitching of various muscles, and great heat along the spine from occiput to sacrum; uterine discharges few, but brown and very offensive. Ordered local application of ice to spine, and gave *Gels.* 1^{x} in alternation with *Ars.* 3^{x}. For more than a week this spinal congestion continued, the symptoms gradually moderating under this treatment. The ice was of the greatest benefit; when applied in season almost always preventing the convulsions, and giving a sense of great comfort. I should state that at no time was the patient delirious, and that except during the first few days the urine was almost normal in color and quantity.

The uterine discharges gradually ceased; the pulse moderated, the patient began to take nourishment, and by Aug. 31 — at which time, on account of leaving the place, I transferred her to other hands — she was slowly convalescing. In addition to the remedies mentioned, *Bell.*, *Crocus sat.*, *Cuprum*, and *Creosote* were used, as they seemed indicated. I also used for a vaginal injection a solution of *Potass chlor.*, which seemed to act very well.

The case presents several obscure points. The query is, What was the cause of this violent and nearly fatal attack? My own impression is that the starting-point was in the uterus; that from some unknown cause this violent inflammation was set up in the subinvoluted organ, especially prone to such an attack, and that the enteritis and meningitis were but complications of the uterine inflammation. Can any one suggest any other probable cause?

DILUTION POTENCIES IN THE LIGHT OF RADIANT MATTER.

BY C. WESSELHOEFT, M. D., BOSTON.

(*Continued from page* 333.)

OMITTING Mr. Crookes's graphic peroration, we come at once to his more emphatic figures in his appended notes. According to Mr. Johnstone Stoney ("Philosophical Magazine," Vol. XXXVI., p. 141), one cubic centimetre of air contains about

1,000,000,000,000,000,000,000

of molecules. Therefore a bulb of 13.5 centimetres diameter contains

1,288,252,350,000,000,000,000,000

molecules of air at ordinary pressure. Therefore the bulb, when exhausted to the millionth of an atmosphere, contains

1,288,252,350,000,000,000

molecules, leaving

1,288,251,061,747,650,000,000,000

molecules to enter through the perforation (in order to fill the bulb E W). At the rate of 100,000,000 molecules a second, the time required for them all to enter will be

12,882,510,617,476,500 seconds, or
214,708,510,291,275 minutes, or
3,578,475,171,521 hours, or
149,103,132,147 days, or
408,501,731 years.

It requires four hundred and eight million five hundred and one thousand seven hundred and thirty-one years to fill that small bulb with something above one quadrillion molecules.

Shall we exclaim, "Only a quadrillion to take so much time? Well, if molecules are as small as all that, why, matter is indeed just about infinitely divisible; and does it not prove our 'infinitesimals' to rest on a purely scientific basis? Most assuredly there is no need of further inquiry or speculation; not only the thirtieth, but our high potencies are established forever."

So they would be, if we ceased at this point to inquire and to think. Let us see how our attenuations or potencies are made. We divide a drop (or grain) by one hundred, and continue to do so in simple geometrical progression as many times as we choose to. That is, we take first a whole drop of some medicinal fluid;

next we divide this into one hundred parts, and call it our first dilution. One drop of this is again divided into one hundred parts and called our second dilution, and so on. Now, this process it has been deemed proper to repeat not only thirty times, but millions of times; and this custom was based on the once tenable assumption of the *infinite divisibility of matter.* But during the last thirty years, we have had strong evidence of the limited and finite divisibility of matter Newton, Laplace, Dalton have foreshadowed it; Clausius, Sir William Thomson, and J. Clerk Maxwell have demonstrated it; and lastly Goldstein, Hittorf, and Crookes have furnished us *with ocular demonstration of the finite divisibility of matter in its fourth or radiant state.* We may humbly follow them in their footsteps, but we cannot refute their demonstrations by equally exact methods; our clinical test would not and could not be accepted by those investigators as a counterproof, — it lacks every element of exactitude.

But let us see how far a few simple figures will illustrate the subject. Supposing a saturated solution of aniline contained in each drop one quadrillion of alternate particles called molecules,

100 drops of tincture would contain				100,000,000,000,000,000,000,000,000	molecules
The 1st dilution would contain $\frac{1}{100}$ part =				1,000,000,000,000,000,000,000,000	"
" 2d	"	"	"	10,000,000,000,000,000,000,000	"
" 3d	"	"	"	100,000,000,000,000,000,000	"
" 4th	"	"	"	1,000,000,000,000,000,000	"
" 5th	"	"	"	10,000,000,000,000,000	"
" 6th	"	"	"	100,000,000,000,000	"
" 7th	"	"	"	1,000,000,000,000	"
" 8th	"	"	"	10,000,000,000	"
" 9th	"	"	"	100,000,000	"
" 10th	"	"	"	1,000,000	"
" 11th	"	"	"	10,000	"
" 12th	"	"	"	100	"
" 13th	"	"	"	1	"

Hence, according to the modern teachings of science, much more exact than medicine, we cannot dilute or distribute molecular matter beyond the thirteenth dilution or potency by advancing on the centesimal scale; supposing a drop to be composed of a quadrillion of molecules. Besides, we must bear in mind that the drop in our case does not consist wholly of aniline, but more than half its bulk is of water or alcohol. Furthermore, if the reader will compare the recently issued volume of "Transactions of the American Institute of 1879, Report of Bureau of Materia Medica and Pharmacy," it will be seen that a drop of liquid of any kind does not contain such a number of molecules, but approximately about fifteen thousand trillions; in this case the *eleventh centesimal dilution would constitute the limit to which dilution or potentization of matter can be carried.*

In an arithmetical and physical sense, this is incontrovertible; and in this sense we may speak of "potencies," because it is multiplying a number progressively by one hundred. Those who take refuge in spiritism, and presume to imagine that the spirit of matter, divested of its material substratum, can be further diluted after its body has been left behind, may consider themselves perfectly safe, and beyond the reach of any argument derived from the contemplation of the material world with which physicians have to deal.

Both Dr. E. Schlegel and Buchmann* freely acknowledge that neither the chemical nor physical qualities of molecules are lost when they reach the fourth or radiant state of refinement, and that when bodies reach this state of rarefaction, it consists only in the quantitative divisibility of their substance. Indeed, Hahnemann said "this thing must end somewhere." His immense forecast should be praised, then, in predicting the finite divisibility of matter, instead of holding him up as the expounder of infinite divisibility. True, it takes millions of years for a quadrillion to pass an aperture at the rate of hundreds of millions a second. That only shows how many hundred millions are contained in a quadrillion. We did not know that before; now let us remember it. But let us also remember *how quickly such an enormous number is exhausted by progressive division with ten or with a hundred.* While we fancy ourselves dealing with infinitely inexhaustible quantities, we have come to the end before we knew it, and have been dealing with nothings, filling our phials with it, labelling them C. M. F., C. M. S., etc., and crying High, high! There is a wonderfully alluring charm in this cry, and its attractive power is perfectly understood.

In potentizing, we produce a state of matter akin to the fourth state described by Mr. Crookes. In this state, the inherent power of molecules is developed and remains developed as long as molecules remain present; and ceases, as has been beautifully illustrated by a special apparatus and experiment, when molecules cease to be present in sufficient numbers, as at $\frac{1}{10000000}$ of an atmosphere. That S. L. and his authorities dwell on one side of the demonstration, and utterly ignore the most important part, is a great mistake. It is true, Mr. Crookes says that virtually this quadrillion of molecules will enter through the microscopic hole before his audience can leave the room, — a paradox which may be explained by supposing the size of molecules to be diminished infinitely. The explanation is also possible that the microscopic hole made by a spark is much larger than the diameter of a molecule; supposing the hole alluded to to have been actually made, and not only metaphori-

* Allgemeine Homœopathische Zeitung, Vol. C., pp. 9–13.

cal, it was like all other holes made by the electric spark, — the glass is torn away on both sides and splintered as if a bullet had pierced it both ways at once, and not half so smoothly. The elasticity of molecules in their gaseous state is well known, and sufficiently accounts for their paradoxical action. No scientist believes, with Newton, that molecules are hard, round bodies.

Conclusion.

The fourth state of matter indicates the highest rarefaction of matter and development of force, and should satisfy all those who believe in a spirit-like state of matter; it should likewise serve to correct the clumsy materialism which, at war with the former extreme, has hitherto barred all progress. If physicians could agree upon a limit to which potentization could be carried, say the eleventh centesimal dilution, then some firm and common ground would have been gained which none could dispute, and which would insure progress in the art of curing with medicines. This progress would be essentially enhanced by keeping our medicinal preparations in the neighborhood of what would be equal to one millionth of atmospheric pressure, as this insures the greatest activity and power of molecules; for below or beyond this state all practical manifestations of matter cease, though, as I have shown, the presence of matter may be demonstrated to exist as far as the eleventh attenuation, while matter already shows its radiant properties at the third (or at one millionth of atmospheric pressure).

By such reflections not the slightest shadow is cast upon Hahnemann's extraordinary merit of having made practical use of a great scientific truth, foreshadowed by Faraday and demonstrated by those who followed. Even to discuss these questions has of late years brought bitter reproach and contemptible slander upon honest and faithful representatives of our school, for having endeavored to carry it at even pace with other sciences. As teachers of therapeutics, we should feel a grave responsibility to secure a firm basis to stand upon, otherwise we should endanger those whom we would instruct. We must and will insist on more careful knowledge of collateral sciences, such as physics, of the principles and laws which underlie them and of which they treat. Let us not deceive ourselves: the near future will demand of all doctors, old and new, to distinguish more strictly between recoveries and cures. The hitherto proverbial argument, "my experience," which at once kills every discussion, must henceforth give place to what is actually and indisputably known. Belief, in science, amounts to nothing; to believe in homœopathy, to believe in Hahnemann, is feeble-mindedness and very unhahne-

mannian. Hahnemann said *Aude sapere*, — dare to know the truth and say what you know; but he did not say *Aude credere*, — that is, believe every spiritistical superstition, merely because somebody or other vouches for it by his "experience."

PROGRESSIVE HOMŒOPATHY.

BY E. B. DE GERSDORFF, M. D., BOSTON.

(*Continued from page* 338.)

ANOTHER question may arise in the mind of the student, when he perceives the different shades of opinions and theories among the followers of Hahnemann: whether it can be right to criticise any of his teachings. Strange, but true, that discontented and doubting minds will always, often unwillingly, promote truth in any science. If Hahnemann himself had not been discontent with, and doubted the validity of, the old therapeutical maxims, we might still to-day live and die under the law and prescription of Galenus.

It is therefore only natural that we see emancipation from the person of Hahnemann established quite early in this century. Men like Gross, Hartmann, Stapf, Müller, Wolf, Trink, Hartlaub, Rau, Giesen, Arnold, and others, all had their peculiar way to accept the new principle; and thus it became not a dead letter, but a rational and progressive science. "Men of science," says Huxley, "ought not to and do not pledge themselves to creeds; they are bound by no articles, neither in religion nor in politics nor in medicine." Everybody who studies the history of homœopathy will find that among the followers of Hahnemann, who recognize the principle of the *Homoion*, there have been found always two parties. This division is not sectional or of recent date, but it extends throughout the wide dominion of homœopathic literature, and perhaps more there than in practice, and originated with the first and immediate disciples of Hahnemann. It is founded in the nature of man's mind; some there are who follow a leader easily, and some who are apt to think by themselves. One party adheres to homœopathy as founded and bequeathed by Hahnemann in his "Organon," and it is called pure or orthodox homœopathy. The other labors, in doubt, for improvement; strives for a broader and more scientific foundation: we may call it the rational, progressive wing. As a natural consequence, certain individuals of both kinds went to extremes, and do so to this very day. Some assumed and deserved the name of purists and Hahnemannians, and others that of eclectics.

I have always assumed that there may exist a fair medium between the two, and that there are so many exceptions arising to the views or in the practice of each extreme wing, that the great majority of homœopathic practitioners make up a large *third party of men of common-sense.* I need not portray to you the extremists.

The contrast between the two kinds consists mainly in this: that the one makes specific homœopathic treatment secondary to the physiological treatment of diseases, and the other makes the homœopathic primary under all circumstances and all accessory treatment subordinate. Both parties agree in some fundamental principles, the essence of homœopathy, such as —

1. The principle *Similia similibus curantur.*
2. The provings of medicines on the healthy, for the purpose of discovering the specific relation between the drug and the human organism.
3. Their consequent indication in disease.
4. The efficacy of comparatively small doses.
5. The exhibition of simple substances.
6. Abiding the effect of each remedy.
7. Attention to dietetics.

As the happy discoverer of the great homœopathic truth on which his system rests, Hahnemann is immortal; but not by virtue of his "Organon," which carries the germ of dissolution in itself, for it is the work of man. Almost all discrepancies among homœopaths have arisen out of certain axioms of the "Organon," which, although it contains great truths, has never been entirely accepted by all.

The following propositions of Hahnemann's "Organon" have been particularly criticised and even opposed by men who believe in the soundness of the principal law of cure: —

1. The totality of symptoms in a case of disease constitutes the only indication for the choice of a remedy.
2. The dose of a homœopathically selected remedy can never be made so small as not to be more powerful than the natural disease.
3. The division of all diseases into acute and chronic.
4. Psora is the only true fundamental cause and origin of all the other [non-sycotic and non-syphilitic] countless chronic diseases.

My own opinion of these propositions is, that each of them contains both truth and error, like almost all human propositions, and that if Hahnemann had lived after the enormous progress in chemistry, physiology, microscopy, and pathology of modern times had taken place, he would have thought and taught differently about symptoms, chronic and acute disease, psora, and other dyscrasies; but his method of cure remains nevertheless

untouched and unequalled in its completeness, purity, strength, and singleness.

The lamented Carroll Dunham, one of the truest followers in the spirit of Hahnemann, and happiest expounders of the "Organon," — whose liberality of thinking, however, has been lately made an opprobrium to his memory by one of the orthodox students of the "Organon," — comprises the whole homœopathic method of cure in five principles, to which I think all must agree, no matter on which wing they might be ranged: —

1. The study of the patient's symptoms as a complete series of phenomena, to be investigated and estimated with all the light which the collateral medical sciences afford.

2. The study of the phenomena produced by drugs upon the healthy; these to be in like manner investigated and estimated.

3. The selection of the drug, the symptoms of which are most similar to those of the patient.

4. The administration of this drug in a dose always too small to produce physiological symptoms, and smaller in proportion as the similarity of the symptoms is greater.

5. The administration of the drug pure, alone, and in doses repeated only until the organism responds.

Here is the homœopathic method, complete and practical, without theorizing.

From all this the deduction can easily be made, that if homœopathists differ widely among themselves in their understanding of the rules laid down by Hahnemann, they differ only in *degree*, and in the *mode* of practical deductions from the principles of our science. They do not differ as regards the principles themselves.

A *fourth* question would be, Is physiology to be relied on as a foundation and a science collateral to the study of homœopathy?

There is a great distinction to be made between the physiological school in homœopathy, if there really exists such a one otherwise than in the imagination of certain homœopathic zealots, and the science of physiology proper. A purely physiological school in medicine would have no right to claim any therapeutic measure as property, which would found its theory on vital force; but on the other hand, the homœopathic therapeutical school has no right, either, to reject the teachings of physiology, inadequate as these as yet are to define life and vital reaction. We have certainly learned within the last fifty years, through physiology, the meaning and significance of the symptoms of the sound and the sick body, in a way not dreamed of by Hahnemann himself. But he began — and his followers, in proving medicines under his guidance and after his rules — to prepare a pathogenetic and *physiological materia medica*, and thus lead the way in this direc-

tion for all other schools. Some homœopathic writers and teachers, of the orthodox wing, especially such as were homœopaths before they were physicians or had ever gained any knowledge of physiology or pathology, have never welcomed any acquisition to our school from that source; but I must regret such intolerance and one-sidedness, and have in my therapeutical teachings held to a rule best expressed in these words (Madden): "As in the healthy body, viewed physiologically, there are three kinds of action continually in operation, — viz., the dynamic or vital, the chemical, and the physical, — so we find the same three existing in diseases; and again, as in the healthy body certain agents are capable of producing pathogenetically three different kinds of action, — viz., the dynamic, the chemical, and the physical, — so in therapeutics these three methods may be successfully employed for the eradication of disease: for chemical and physical laws are *controlled*, but not rendered inoperative, by the more peculiar and higher laws of vitality."

In reality all the four sciences — physiology, pathogeny, pathology, and therapy — are by the Homoion kept together in the closest connection and mutual relation: pathology will in many instances throw light upon physiology; and the physiologist in his experiments, while searching for the seat of life, has to make pathogenetic experiments, vivisections, and the like, while the homœopathic therapist makes use of all the three subordinate collateral sciences. Finally, there is to be considered the fact that neither chemistry nor physiology at the present day stand still, but have even run a race in changing rapidly. I need only call to mind the changes which the chemico-physiological theory of catalysis or fermentation, of Liebig, has undergone even during his lifetime, and has given place to the physiological germ theory. Physiology of disease has produced the cellular pathology, which made away with all the old rules of diagnosis, and arrived at the nonentity of disease. More than all will the new development of psychological physiology — the physiology of the nerves and the brain — and neuropathology, by a better explanation of all nervous, subjective, and reflex symptoms, come to our aid in homœopathic therapeutics. It would have been good for our cause, if all provers had been physiologists: we would then not be burdened, as we are now, with the over-voluminous register of symptoms in our materia medica, by which the physiological and pathogenetic value of the medicine is often entirely lost. It is on such occasions that our materia medica appears to the uninitiated so unscientific, and prevents our brethren of the old school from studying homœopathy; for it is our own errors, defects, and vices (says Watzke, of Vienna) which keep mainly those men off from studying our literature

They have nothing to say against the principle, but the zealotic intolerance, the tendency to the extraordinary, the mystic and incredible — like the psora spectre or the chimera of high potencies and dynamization, spiritism, electricity, and all such eccentricities — are working against the spreading of our cause among men of science, especially of those who have their own prejudices in addition to overcome.

But safe and imperishable stands always the therapeutic law of the Homoion itself; and as Drysdale says, "Those who hold to the only real glory of his reform, the law of similars, should be called Hahnemannists, and not the verbal repeaters of all his theories."

The last question which I have supposed to arise in the mind of the student, and which I shall try to answer, is, How does the homœopathic school get clear of its errors and eccentricities?

The answer is, By its inherent progressive power. In fact, Hahnemann, by the promulgation of his method of cure, forced the medical world into such an enormous step forward that it took years before the worst opposition and reaction quieted down. He was also the first who showed, with his logical power of mind, that all the varieties of treatment might be brought under three general heads: the allopathic or heteropathic, the enantiopathic or antipathic, and the homœopathic or specific; the explanation of which words I need not give here. We still hold to these names: they were not meant for nicknames, nor are they such. Even if we claim nowadays the right to avail ourselves of other therapeutic resources at the right time, — although we but rarely need to do it, while our opponents do not admit the homœopathic principle, but often unwittingly or under cover cure by it, — we still hold to our name; for as my friend Wesselhoeft says, there is not much in a name of a person, but a great deal in a name of a party, a scientific effort, a school, or anything which requires a platform to be recognized by. But that we have, during the last sixty years, made progress in liberality, because in strength; that we have overcome much of the passionate ardor and the narrowness of the era of the first reformers, — so much so that some have been willing to give up the name of homœopath and to return to the more comprehensive name of physician, — all this proves not only that homœopathy progresses, but that the general medical collateral sciences have gradually progressed and now rank again with homœopathy: for when Hahnemann promulgated his law of cure he was a long era ahead of his time. But the progress in homœopathy, I claim, has only been so steady because there was a sound and safe starting-point given by the immutable law of the Simile in it; while all other theories met with more or less opposition.

But just herein consisted the progress: that there were always enough rationalists at the right time on hand, to bring the reforming enthusiasts to reason. The first stumbling-block to harmony among the disciples of Hahnemann was thrown out by himself, and consisted in the so-called homœopathic aggravation theory, with which the question of the infinitesimal dose is intimately connected; for it was originally to avoid *this*, the aggravation, that Hahnemann reduced the dose, and in doing so, he not only gradually invented his extreme dilutions, but also fell upon the notion of the increase or development of medical power by the acts of trituration and succussion *ad infinitum.** This theory of aggravation divided the homœopathic ranks early. Some called it an "unfortunate dogma," a phantom; some perceived it to occur less after a full than after a small dose; others considered it as wholesome even, and an indication of approaching crisis. After a period, however, this attenuation, resorted to on account of too much power of the specific drug, was changed into dynamization or potentization with the view to *gain* power. This was a tremendous stroke of genius of Hahnemann, in which not all could follow him. The belief that arose in Hahnemann was, that by trituration and concussion, forces were liberated and transferred to other bodies or vehicles brought into close contact with them; in fact, that a separation of the forces that are combined with the matter would take place. He sought the *dynamis* in the drug itself, like Paracelsus of old, instead of perceiving it in the vital energy of the diseased body aroused by the disease, and ready to be aroused and allayed by the remedy. But a great number of stalwart homœopaths, as we all know, followed him even there; some even passed him by: but many demurred, and acted perhaps as a wholesome safeguard against falling into the absurdities and extravagances of the secret high-potency-makers, concussionists, and bottle-rinsers. Meanwhile the law *Similia similibus* remained always the same and cured the sick

Another excrescence or eccentricity which homœopathy had to suffer from, but which it has pretty well thrown off again, was that of isopathy, after the principle of *Æqualia æqualibus;* starting with the exhibition of glander-ichor for glanders of horses, and ending with the proposition of giving attenuated or dynamized bug poison for the effects of bug bites, ascaridine for worms, and potentized gonorrhœa and leucorrhœa for kindred diseases. This aberration, however, was evanescent. Hahnemann himself discouraged it.

I cannot enter upon the details of the description of the great psora era and theory, which he — not discovered, but — invented, in

* Griesselich.

order to gain a better access to the treatment of chronic diseases. It contained a — for that time — immense amount of learning and speculation, and for us to lay it aside again it took the development of fifty years of the science of physiology and pathology, although to this very day the researches of these sciences have not given us a sufficient key to the right appreciation of all chronic diseases, and to the remedies for such symptoms as are connected with changes in the blood and tissues. There have been in the building up of our materia medica, especially in the work of provings of medicines on the healthy, every now and then errors creeping in, up to the present day, but my time is too short to enumerate them. This, however, I maintain, we shall always find, and more and more so as we reach the age of less passionate maturity: that we are able by our own sound constitution and progressive state to get rid of all errors, monstrosities, eccentricities, in time, without running to get aid from the materialists, and without any criticisms from the allopathic camp, which consists of men, mostly, who will not and cannot follow us.

I need only remind you of the earnest and unprejudiced spirit with which lately all those men from our own ranks have worked, who wished to settle the question of materiality or *dynamis* in our high dilutions and triturations.

One of the surest signs of progress in homœopathy, finally, — not merely that which consists in the amount of general practice done, nor in the increased number of homœopathic physicians employed, — is the willingness of the majority of homœopathic physicians to acknowledge not only the progress of all collateral sciences and their connection with therapy, but the limitation thereby of the homœopathic law of cure to that sphere which it belongs to, and which is so clearly and fearlessly, and as yet without opposition, expressed by the logical method of exclusion, by J. P. Dake.

He says: —

"The Homoion has its peculiar domain in which it is a general principle, and its system of medical practice in which it is a general law; but is best defined negatively, or by exclusion, in the following way: —

"1. That the homœopathic principle relates to nothing but affections of health.

"2. That it relates to no affections of health where the cause is constantly present and operative.

"3. That it relates to no affections of health which will cease after the removal of the cause by chemical or mechanical or hygienic means.

"4. That it relates to no affections of health occasioned by the

injury or destruction of tissues which are incapable of restoration.

"5. That it relates to no affections of health where vital energy or reactive vital power is exhausted.

"6. That it relates to no affections of health the likeness of which may not be produced in the healthy by medicines or other agencies."

A great field of human ailment is nevertheless left for the homœopath to work upon; namely, all human affections similar to those producible by medicines and other agencies, existing in organisms having the integrity of tissue and the reactive power necessary for recovery, the efficient causes of the affections having ceased to operate.

With such principles every man can be ready for the acceptance of new lights thrown upon medical science, which lead to further progress, because his own position is that of not presuming too much, therefore unassailable. This is the homœopathy of the future, which will be acknowledged sooner or later by all medical schools, as soon as they shall have cooled down somewhat in their enthusiasm over the modern development of pathology, and shall have found out that all materialism will not be sufficient to forego the acceptance of vital power. Then, when they are searching for a therapeutical method in full earnest, they will come to the Homoion, and will find our side ready to meet them and to give them the hitherto despised wealth of our physiological materia medica.

As to the great founder of our school, whose personal memory I have in my heart, and love it as that of a great and good man, what can I say to detract from his greatness or to enhance it? That great complex of laws which holds the world together is only very gradually being reflected to consciousness for expression in the brain of man. But every now and then a Prometheus rises and conquers a spark of the fire of truth from the heavens: such a one was Hahnemann. These conquerors of fire, these geniuses, are few and far between, and are apt to build upon their one great idea a system filled with arbitrary rules, and to lay down laws which may act later even as impediments to progress; but nevertheless they have touched and derived their light from the sun of truth.

Reviews and Notices of Books.

Doctor, What shall I Eat? By Charles Gatchell, M. D. Chicago: Duncan Bros. Pages 147. 1880.

A very handy little volume, from which both doctor and patient may get good ideas. Diseases are taken up successively and the diet suitable for each prescribed,—a much more sensible plan than that adopted by the old homœopathists, and not yet extinct, of forbidding many articles of food indiscriminately in all diseases, on the ground that they will interfere with the action of the medicine. We are pleased to see that the wholesale use of alcohol in phthisis, so fashionable a few years ago, is condemned.

Heath's Minor Surgery and Bandaging. Sixth edition. Philadelphia: Lindsay & Blakiston. Boston: A. Williams & Co. Pages 342. 1880. $2.00.

This has been for so long a time used as a text-book in most of our medical schools, and has achieved such a reputation, that it is needless to say more than that it now appears revised and brought fully up to date. We can safely say that in its line it is *facile princeps*.

Photographic Illustrations of Cutaneous Syphilis. By George H. Fox, A. M., M. D. Parts 1, 2, and 3. New York: E. B. Treat, 757 Broadway. Boston: Charles N. Thomas, 215 Tremont Street.

This is a new series of plates by the artotype process, similar to those of Dr. Fox on "Skin Diseases," which our readers will remember were all non-syphilitic. Cutaneous syphilis is so important a subject, and characterized by such diversified appearances, that it was deemed advisable to devote to it a separate work. No general practitioner of any experience at all needs to be reminded of cases which have caused him a great deal of anxiety on account of the difficulty of deciding whether or not an affection was syphilitic; not only in persons to whom by unjust suspicion he might give mortal offence, but also in those who, confessing to frequent exposure, nevertheless need not necessarily have acquired the disease. The parts before us represent the syphilodermata: papulosum circinatum, papulo-squamosum, papulo-pus-tulosum, pustulosum; papulosum lenticulare, miliare, squamosum (breast and shoulder), papulosum; erythematosum (breast and back), pigmentatio and leucoderma; post-syphiloderma. To those who have examined Fox's beautiful and wonder-

fully lifelike "Illustrations of Skin Diseases," it will be sufficient praise to say that these compare very favorably with them. The descriptive text is brief and to the point. Price $2.00 a part.

JOHNSON'S THERAPEUTIC KEY. Tenth edition. New York: Boericke & Tafel. Pages 347. 1881.

Of this little book we have for years used a previous edition with much satisfaction. It is small enough for the pocket, and yet, being printed on very thin paper in rather small type, contains a good deal. A new feature in this edition is the addition of "diagnostics"—tongue, urine, pulse, thermometry, obstetrical calendar, etc.

ON SLIGHT AILMENTS. By Lionel S. Beale, M. B., F. R. S. Philadelphia: Presley Blakiston. Boston: Lee & Shepard. Pages 350. 1880.

Dr. Beale, who has won a world-wide reputation by his works on the microscope and on disease germs, here presents notes of familiar lectures delivered before students of King's College, London, in 1878. They discuss subjects which are exceedingly common and distressing, but which are often hastily passed over in formal didactic lectures on practice. Some of them are the tongue, appetite, indigestion, constipation, diarrhœa, biliousness, neuralgia, rheumatism, and the feverish state.

LINDSAY & BLAKISTON'S PHYSICIANS' VISITING LIST FOR 1881. Boston: A. Williams & Co.

Being in the thirtieth year of publication, this list is now pretty well known to our readers. It is arranged for weekly accounts, and is preceded by the customary tables of poisons and their antidotes, doses in the new and old systems, obstetric calendar, etc.

THE MEDICAL RECORD VISITING LIST for 1881. New York: Wm. Wood & Co. Boston: Frank Rivers, 28 School Street.

This is similar in size and shape to that just spoken of, and is also for weekly accounts. The preliminary information is more concise, and some may prefer the different ruling of the pages.

HAMILTON ON FRACTURES AND DISLOCATIONS. Sixth American edition. Philadelphia: Henry C. Lea's Son. Pages 909. 1881.

Everybody knows the good reputation of this book, which for twenty years has been the only complete treatise on fractures and dislocations in any language, except Malgaine's, published long

ago. It is universally regarded as *the* authority. To the present edition has been added a chapter on general prognosis, that on the patella has been entirely rewritten, and thorough revision is manifest everywhere. It is eminently an exhaustive treatise on a frequent and troublesome class of accidents. The publishers have decided to bind up a certain number of copies of this and their other standard publications in elegant half russia for those who appreciate a fine exterior, at a small advance over the cost of sheep, carefully packing each volume in a paper box. The book now under consideration, *e. g.*, in half russia, sells for $7.00, in sheep for $6.50, and in cloth for $5.50.

CUTANEOUS AND VENEREAL MEMORANDA. By Drs. Piffard and Fox.

OPHTHALMIC AND OTIC MEMORANDA. By Drs. Roosa and Ely. New York: Wm. Wood & Co. Boston: Frank Rivers, 28 School Street.

These books are particularly designed, and will answer admirably, for students to "cram up" on, or for the busy practitioner who has no time for voluminous works. They present concise and correct outlines of our knowledge on these subjects, for which they serve in one sense as dictionaries. Everything but the most practical information has been left out to secure compactness. However, they should never be used by the lazy practitioner, to the exclusion of larger treatises.

OTHER BOOKS RECEIVED. — Hughes's Pharmacodynamics. Fourth Edition. — Worcester's Repertory to Modalities. — Ranney's Surgical Diagnosis. Second Edition. — Jacobi's Diphtheria. — American Institute Transactions for 1879. — Thomas on Diseases of Women. Fifth Edition. — Robinson's Nasal Catarrh.

OUR MISCELLANY.

OUR NATURAL LIFE. — Dr. Farr estimates the natural lifetime of man to be a hundred years. Old age may be said to begin at about sixty; with some a little earlier, with others a little later.

MEDICAL LEGISLATION IN IOWA. — The Iowa State Legislature has recently passed two bills which may prove beneficial to the State and helpful to the profession: a law establishing a State board of health, and a law regulating the practice of pharmacy and the sale of medicines and poisons. This board is to consist of nine members, seven being physicians. Their duties will be, to attend to the sanitary condition of the State, make appropriate scientific investigations, and secure the registration of vital statistics. Such registration is made compulsory upon physicians, the penalty for not reporting a birth or a death being a fine of $10.

There is an appearance of arbitrariness in thus forcing physicians to do gratui-

tously work which often calls for special knowledge. It will be well not to complain, however, until the people have learned to appreciate the need of sanitary boards and the value of vital statistics.

A bill to confer upon the health board thus established power to regulate the practice of medicine was introduced, and passed the Senate, but failed in the House; and nothing in the direction of regulating the practice of medicine can be expected for some time. The law to regulate the practice of pharmacy, etc., provides for the appointment by the governor of a board of commissioners of pharmacy, to see to the registration of every pharmacist in the State, and to forbid the dispensing of medicine except by a registered pharmacist or by a physician. One to become a pharmacist must pass a close examination before the board, or obtain a diploma from a pharmaceutical college.

Personal and News Items.

Dr. E. R. Blackwood (class of 1878) has opened an office at 3 Bowdoin Street, Boston.

Lydia Maria Child left by her will $2,000 to the Massachusetts Homœopathic Hospital.

Dr. A. Boothby, of 19 Joy Street, has changed his office hours to 9 A. M. and from 3 to 4 P. M.

Dr. D. A. Babcock, of Taunton, has removed to Fall River to take the place of the late Dr. John L. Clarke.

Died. — In Burlington, Vt., of diphtheria, Albert Colvin, M. D., formerly a student of Dr. H. A. Houghton's, when at Keeseville, N. Y. He graduated at Cleveland, and was for a time treasurer of the Vermont Homœopathic Society.

Buffalo Homœopathists are getting up a series of entertainments, embracing a grand children's (*sic*) carnival and fancy dress ball, amateur theatricals, a Japanese tea party, St. Nicholas Bazaar, etc., for the benefit of their hospital.

Locations of some of the class of 1880, B. U. S. M. — S. P. Hammond, M. D., and E. J. Welty, M. D., at 85 West Springfield Street, Boston; L. S. Carr, M. D., at 48 Pinckney Street, Boston; Charity James, M. D., Warren Street, Boston Highlands.

The annual meeting of the Vermont State Homœopathic Medical Society was held at Montpelier, Oct. 20 and 21. The meeting was called to order by President Brigham. The following persons were presented by the board of censors and elected members: Drs. C. A. Gale, Rutland; Clara P. Reed, D. A. Whittlesey, C. J. Farley, D. H. Roberts, G. M. Ockford, C. P. Holden. The following were appointed a committee to prepare resolutions on the death of Dr. Constantine Hering: Drs. Gale, Jones, and Waugh. Officers elected for 1880–81: *President*, Dr. T. R. Waugh, St. Albans; *Vice-President*, Dr. S. H. Sparhawk, St. Johnsbury; *Recording Secretary*, Dr. C. S. Hoag, Waterbury; *Corresponding Secretary*, Dr. G. E. E. Sparhawk, Burlington; *Treasurer*, Dr. W. B. Mayo, Northfield. Censors, Drs. J. H. Jones, Bradford; C. H. Chamberlain, Barre; and C. J. Farley, Swanton.

The International Homœopathic Convention in 1881 will assemble in London on July 11, and a cordial invitation has been extended to American physicians to attend. The undersigned were appointed by the American Institute of Homœopathy a committee, with full powers to make arrangements. In order to do this in the most satisfactory manner, it is important to know the approximate number of those who will attend. By communicating at once to one of this committee the names of such physicians as now intend to go, and the number to accompany them, the work will be facilitated.

I. T. Talbot, 66 *Marlborough Street, Boston,*
Wm. Tod Helmuth, 299 *Madison Ave., N. Y.,*
Bushrod W. James, 18*th and Green Streets, Phila.,* } *Committee.*

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